

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000013780

**Entity Name:** PATRICIA BRUNETTI DDS LLC

**Current Principal Place of Business:**

560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236

**Current Mailing Address:**

560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236

**FEI Number:** 65-1058032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUNETTI, PATRICIA D.D.S.  
560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BRUNETTI, PATRICIA D.D.S.  
Address 560 N WASHINGTON BLVD, SUITE B  
City-State-Zip: SARASOTA FL 34236

Title MGRM  
Name BRUNETTI, CLIFF  
Address 560 N WASHINGTON BLVD, SUITE B  
City-State-Zip: SARASOTA FL 34236

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLIFFORD BRUNETTI

**VICE PRESIDENT**

**04/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date