Electronic Signature of Signing Authorized Person(s) Detail

2015 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

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

Authorized Person(s) Detail :

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

SIGNATURE: CLIFFORD BRUNETTI

01/07/2015

Date

FILED Jan 07, 2015 Secretary of State CC3853584520

Certificate of Status Desired: No

Date