# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115540

# Entity Name: SERENITY DENTAL AT ZEPHYRHILLS LLC

#### **Current Principal Place of Business:**

1849 COLLIER PKWY LUTZ, FL 33549

# **Current Mailing Address:**

1849 COLLIER PKWY LUTZ, FL 33549 US

## FEI Number: 20-4076937

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

PATEL, NILASH S 1849 COLLIER PKWY LUTZ, FL 33549 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	NILASH PATEL DMD PA	Name	NITASH PATEL DMD PA
Address	1849 COLLIER PKWY	Address	1849 COLLIER PKWY
City-State-Zip:	LUTZ FL 33549	City-State-Zip:	LUTZ FL 33549

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: NILASH S PATEL

MGRM

01/17/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 17, 2018 Secretary of State CC7057962936

Date

Certificate of Status Desired: No