

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060028

Entity Name: CHACE DENTAL, PL

Current Principal Place of Business:

4479 N. HARBOR CITY BLVD
MELBOURNE, FL 32935

Current Mailing Address:

4479 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 US

FEI Number: 20-5025337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHACE, JENNIFER BDMD
4479 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 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 DMD
Name CHACE, JENNIFER BDMD
Address 4479 N. HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32935

Title DMD
Name CHACE, GREGORY R DR.
Address 4479 N. HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32935

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: GREGORY R CHACE

VP

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date