

2023 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 B DMD
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:** JENNIFER CHACE

02/07/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	DMD
Name	CHACE, JENNIFER B DR.
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

OWNER

02/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date