

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104606

**Entity Name:** BUENA VISTA DENTAL, PLLC

**Current Principal Place of Business:**

1950 LAUREL MANOR DRIVE  
SUITE 160  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1950 LAUREL MANOR DRIVE  
SUITE 160  
THE VILLAGES, FL 32162 US

**FEI Number:** 20-5784470

**Certificate of Status Desired:** No

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

BARNETT, DAVID F  
1950 LAUREL MANOR DRIVE  
SUITE 160  
THE VILLAGES, FL 32162 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            PRES  
Name            BARNETT, DAVID F  
Address        1950 LAUREL MANOR DR #160  
City-State-Zip: THE VILLAGES FL 32162

Title            V  
Name            MCKNIGHT, KELLY A  
Address        1950 LAUREL MANOR DR #160  
City-State-Zip: THE VILLAGES FL 32162

*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:** DAVID BARNETT DMD

**PRES**

**02/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date