

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045474

**Entity Name:** STEVEN R. FREEMAN, DDS, PL

**Current Principal Place of Business:**

319 WEST TOWN PLACE  
SUITE 21  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

319 WEST TOWN PLACE  
SUITE 21  
ST. AUGUSTINE, FL 32092

**FEI Number:** 20-8935457

**Certificate of Status Desired:** No

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

FREEMAN, STEVEN RDDS  
319 WEST TOWN PLACE  
SUITE 21  
SAINT AUGUSTINE, FL 32092 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 MGR  
Name FREEMAN, STEVEN RDDS PL  
Address 319 WEST TOWN PL #21  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** STEVEN FREEMAN

**OWNER**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date