

2018 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

03/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date