## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041998

Entity Name: ARNOLD AND PARKINSON DENTISTRY, PL

**Current Principal Place of Business:** 

10465 GIBSONTON DRIVE RIVERVIEW, FL 33569

**Current Mailing Address:** 

341 BLANCA AVE TAMPA, FL 33606 US

FEI Number: 26-2504696 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULECAS, JAMES FESQUIRE 1968 BAYSHORE BOULEVARD DUNEDIN, FL 34698 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

**FILED** Feb 19, 2016

**Secretary of State** 

CC3129808673

Authorized Person(s) Detail:

Title MGR Title MGR

ARNOLD, SCOTT DMD Name PARKINSON, ROBERT WDMD Name 341 BLANCA AVE Address 1708 SOUTH HABANA AVENUE Address

City-State-Zip: **TAMPA FL 33629** City-State-Zip: TAMPA FL 33606

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: SCOTT ARNOLD DMD

**OWNER** 

02/19/2016