

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074859

**Entity Name:** PERIU FAMILY DENTISTRY, LLC

**Current Principal Place of Business:**

6765 NORTH WICKHAM ROAD  
SUITE C105  
MELBOURNE, FL 32940

**Current Mailing Address:**

6765 NORTH WICKHAM ROAD  
SUITE C105  
MELBOURNE, FL 32940

**FEI Number:** 27-0693847

**Certificate of Status Desired:** No

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

BLAXBERG & ASSOCIATES, P.A.  
2047 FIFTH AVENUE NORTH  
ST. PETERSBURG, FL 33713 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 LIE-YING PERIU  
Address 6765 N. WICKHAM RD. C105  
City-State-Zip: MELBOURNE FL 32940

*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:** LIE-YING PERIU

**MANAGER**

**02/20/2020**

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

\_\_\_\_\_  
Date