## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117361

Entity Name: SHARON T. SCHMEISER, D.D.S., P.L.L.C

HILLY Name. SHARON 1. SCHWEISER, D.D.S., P.L

**Current Principal Place of Business:** 

12001 SW 128 CT 103

MIAMI, FL 33186

## **Current Mailing Address:**

12001 SW 128 CT 103

MIAMI, FL 33186 US

FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

CASIANO, SERGIO RESQ. 201 ALHAMBRA CIRCLE SUITE 802 CORAL GABLES, FL 33134 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 Jan 16, 2024

**Secretary of State** 

0495338248CC

Certificate of Status Desired: No

## Authorized Person(s) Detail:

Title MGRM

Name SCHMEISER, SHARON TDDS

Address 12001 SW 128 CT

103

City-State-Zip: MIAMI FL 33186

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SHARON T SCHMEISER DDS

MGR

01/16/2024

Date