

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016373

**Entity Name:** ANDREW J. HOLLOMAN, DDS & ASSOCIATES, P.L.

**Current Principal Place of Business:**

2127 NE COACHMAN RD  
CLEARWATER, FL 33765

**Current Mailing Address:**

2127 NE COACHMAN RD  
CLEARWATER, FL 33765 US

**FEI Number:** 27-1891004

**Certificate of Status Desired:** No

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

HOLLOMAN, ANDREW JDDS  
2521 W. JETTON AVE  
TAMPA, FL 33629 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 HOLLOMAN, ANDREW JDDS  
Address 2521 W. JETTON AVE  
City-State-Zip: TAMPA FL 33629

*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:** ANDREW J HOLLOMAN

MEMBER

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date