

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019856

**Entity Name:** E.K. DENTAL LAB LLC

**Current Principal Place of Business:**

5262 IMMO CRT  
SARASOTA, FL 34233

**Current Mailing Address:**

5262 IMMO CRT  
SARASOTA, FL 34233

**FEI Number:** 45-5018949

**Certificate of Status Desired:** Yes

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

MURMAN P, IOTR  
5262 IMMO COURT  
SARASOTA, FL 34233 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 MR  
Name MURMAN P, IOTR  
Address 7785 WRIGHT AVE  
City-State-Zip: SARASOTA FL 34231

*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:** MURMAN P,IOTR

02/07/2017

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

\_\_\_\_\_  
Date