

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103098

**Entity Name:** TN DENTAL LAB, LLC

**Current Principal Place of Business:**

1026 S LAKE MARIAM DR  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

5535 CYPRESS GARDENS BLVD  
STE 110  
WINTER HAVEN, FL 33884

**FEI Number:** 27-3594751

**Certificate of Status Desired:** No

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

PROFESSIONAL TAX CONSULTANTS, INC.  
314 AVENUE K SE  
WINTER HAVEN, FL 33880 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 MGRM  
Name NONG, TUAN T  
Address 1026 S LAKE MARIAM DR  
City-State-Zip: WINTER HAVEN FL 33884

*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:** TUAN NONG

MGRM

03/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date