

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000006391

FILED
Mar 28, 2019
Secretary of State
3190032269CC

Entity Name: SHERIDAN DENTAL BLDG PARTNERS, LLC

Current Principal Place of Business:

4410 SHERIDAN STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

PO BOX 816728
HOLLYWOOD, FL 33081 US

FEI Number: 65-0197842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELINE, SAMUEL M
3501 KEYSER AVENUE
#18
HOLLYWOOD, FL 33021 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 PRTNR
Name GLASSMAN, DAVID
Address 3055 HARBOR DRIVE #1101
City-State-Zip: FORT LAUDERDALE FL 33305

Title PRTNR
Name SNYDER, HERBERT
Address 2000 SE RANCH ROAD
City-State-Zip: JUPITER FL 33478

Title PRTNR
Name STONE, IRA
Address 3740 SOUTH OCEAN BLVD
City-State-Zip: HIGHLAND BEACH FL 33487

Title PRTNR
Name POWELL, ROBERT
Address 2221 NORTH UNIVERSITY DRIVE
City-State-Zip: HOLLYWOOD FL 33024

Title MGRM
Name MELINE, SAMUEL M
Address 3501 KEYSER AVENUE
#18
City-State-Zip: HOLLYWOOD FL 33021

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: SAMUEL M MELINE

MGR

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date