

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000006391

FILED
Apr 12, 2013
Secretary of State
CC1609173009

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
89 JUNIPER ROAD
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 MGR
Name GLASSMAN, DAVID
Address 3055 HARBOR DRIVE #1101
City-State-Zip: FORT LAUDERDALE FL 33305

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

Title MGR
Name STONE, IRA
Address 2509 POINCIANA DRIVE
City-State-Zip: FORT LAUDERDALE FL 33327

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

Title MGRM
Name MELINE, SAMUEL M
Address 89 JUNIPER ROAD
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL MELINE

MANAGER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date