

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000006391

**FILED**  
**May 07, 2020**  
**Secretary of State**  
**7751696444CC**

**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 MELINE

**MANAGER**

**05/07/2020**

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

\_\_\_\_\_  
Date