

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000037336

Entity Name: DR MITCHELL BIDERMAN OD LLC

Current Principal Place of Business:

372 SE COURANCES DRIVE
PORT ST LUCIE, FL 34984

Current Mailing Address:

372. SE COURANCES DRIVR
PORT ST LUCIE, FL 34984 US

FEI Number: 45-4779087

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BIDERMAN, DR MITCHELL
372 SE COURANCES DRIVE
PORT ST LUCIE, FL 34984 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 BIDERMAN, DR MITCHELL
Address 372 SE COURANCES DRIVE
City-State-Zip: PORT ST LUCIE FL 34984

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: BIDERMAN,DR MITCHELL

MGR

04/11/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date