

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000059057

**Entity Name:** DENTAL PRACTICE EXPERTS LLC

**Current Principal Place of Business:**

2718 AVON RIVER DR  
VALRICO, FL 33596

**Current Mailing Address:**

2718 AVON RIVER DR  
VALRICO, FL 33596 US

**FEI Number:** 45-5207068

**Certificate of Status Desired:** No

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

ZAROOR, LOUIE  
2718 AVON RIVER DRIVE  
VALRICO, FL 33596 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 ZAROOR, LOUIE  
Address 2718 AVON RIVER DRIVE  
City-State-Zip: VALRICO FL 33596

*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:** LOUIE ZAROOR

MGR

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date