

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000080279

Entity Name: GENESIS DENTAL LABORATORY LLC

Current Principal Place of Business:

6505 DOVEWOOD PLACE
TAMPA, FL 33634

Current Mailing Address:

6505 DOVEWOOD PLACE
TAMPA, FL 33634

FEI Number: 45-5505963

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEKETHAZI, ANTAL T
1536 SEAGULL DR.
APT 201
PALM HARBOR, FL 34685 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	Title	MGRM
Name	FEKETHAZI, ANTAL T	Name	MATOS, YULIEN
Address	1536 SEAGULL DRIVE APT 201	Address	6505 DOVEWOOD PLACE
City-State-Zip:	PALM HARBOR FL 34685	City-State-Zip:	TAMPA FL 33634

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: ANTAL FEKETHAZI

OWNER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date