

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000121196

**Entity Name:** AVALON DENTAL, LLC

**Current Principal Place of Business:**

101 HEAVENSGATE ROAD  
SUITE E  
DELAND, FL 32720

**Current Mailing Address:**

101 HEAVENSGATE ROAD  
SUITE E  
DELAND, FL 32720 US

**FEI Number:** 46-2062646

**Certificate of Status Desired:** No

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

LANEY, SONYA L  
5131 S RIDGEWOOD AVENUE  
F  
PORT ORANGE, FL 32127 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           MANAGING MEMBER  
Name           PAIROT, ALFREDO  
Address        220 W COUNTRY CIRCLE DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title           SECRETARY  
Name           PAIROT, BARBARA  
Address        220 W COUNTRY CIRCLE DRIVE  
City-State-Zip: PORT ORANGE FL 32128

*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:** BARBARA PAIROT

**SECRETARY**

**02/01/2018**

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

\_\_\_\_\_  
Date