

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000121196

**Entity Name:** AVALON DENTAL, LLC

**Current Principal Place of Business:**

220 W COUNTRY CIRCLE DRIVE  
PORT ORANGE, FL 32128

**Current Mailing Address:**

220 W COUNTRY CIRCLE DRIVE  
PORT ORANGE, FL 32128

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

**MGRM**

**04/25/2014**

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

\_\_\_\_\_  
Date