

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000141254

**Entity Name:** TARPON SHORES DENTAL, LLC

**Current Principal Place of Business:**

1314 EAST VENICE AVENUE  
SUITE F  
VENICE, FL 34285

**Current Mailing Address:**

1314 EAST VENICE AVENUE  
SUITE F  
VENICE, FL 34285 US

**FEI Number:** 46-1373259

**Certificate of Status Desired:** No

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

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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 WEERASOORIYA, C. ROMESH DMD  
Address 1314 EAST VENICE AVENUE, SUITE F  
City-State-Zip: VENICE FL 34285

Title MGR  
Name THOMPSON, R. SCOTT DDS  
Address 1314 EAST VENICE AVENUE, SUITE F  
City-State-Zip: VENICE FL 34285

Title MGR  
Name WEERASOORIYA, SHANAKA LDMD  
Address 1314 EAST VENICE AVENUE, SUITE F  
City-State-Zip: VENICE FL 34285

*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:** C. ROMESH WEERASOORIYA, DMD

MGR

01/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date