

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000131909

Entity Name: SANIBEL ISLAND DENTAL, LLC

Current Principal Place of Business:

1648 PERIWINKLE WAY
SUITE C-1
SANIBEL ISLAND, FL 33957

Current Mailing Address:

40 BARKLEY CIRCLE
SUITE 2
FORT MYERS, FL 33907 US

FEI Number: 46-3679300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, MATTHEW
40 BARKLEY CIRCLE
SUITE 2
FORT MYERS, FL 33907 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 DAVIS, MATTHEW
Address 40 BARKLEY CIRCLE SUITE 2
City-State-Zip: FORT MYERS FL 33907

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: MATTHEW L. DAVIS

OWNER/ DENTIST

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date