

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000177376

**Entity Name:** DENTALPRO INNOVATIONS LLC

**Current Principal Place of Business:**

9222 SW 41ST LANE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

9222 SW 41ST LANE  
GAINESVILLE, FL 32608 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PROACTIVE TAX & ACCOUNTING INC  
303 SW 140TH TERRACE  
JONESVILLE, FL 32669 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 RUNGE, PAMELA  
Address 9222 SW 41ST LANE  
City-State-Zip: GAINESVILLE FL 32608

Title MGR  
Name MATHEWS, MELANIE  
Address 2717 LIBERTY DRIVE  
City-State-Zip: WOODLAND CA 95776

*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:** PAMELA RUNGE

MGR

04/23/2015

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

\_\_\_\_\_  
Date