

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000034399

Entity Name: NSB DENTISTRY PLLC

Current Principal Place of Business:

1865 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

3751 S CLYDE MORRIS BLVD. UNIT 7
PORT ORANGE, FL 32129 US

FEI Number: 47-3189208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TABORDA, STEVE D
126 SPRINGWOOD DRIVE
DAYTONA BEACH, FL 32119 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 TABORDA, STEVE D
Address 126 SPRINGWOOD DRIVE
City-State-Zip: DAYTONA BEACH FL 32119

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: STEVE TABORDA

PRESIDENT

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date