

**2018 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:**

PO BOX 291609  
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

MGR

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date