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.

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000067139

Entity Name: WATERFORD CHASE DENTAL, LLC

Current Principal Place of Business:

801 WOODBURY ROAD SUITE 102 ORLANDO, FL 32828

Current Mailing Address:

1040 FOUNTAIN COIN LOOP ORLANDO, FL 32828

FEI Number: 47-3764784

Name and Address of Current Registered Agent:

BIFSHA, ENEA 1040 FOUNTAIN COIN LOOP ORLANDO, FL 32828 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BIFSHA, ENEA	Name	BIFSHA, SARAH B
Address	1040 FOUNTAIN COIN LOOP	Address	1040 FOUNTAIN COIN LOOP
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828

SIGNATURE: ENEA BIFSHA MGR

03/28/2019

Date

FILED Mar 28, 2019 Secretary of State 1318054282CC

Certificate of Status Desired: No

Date