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.

MGR

Electronic Signature of Signing Authorized Derech(a)

Current Principal Place of Business:

DOCUMENT# L15000067139

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:

Entity Name: WATERFORD CHASE DENTAL, LLC

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

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

SIGNATURE: ENEA BIFSHA

MGR	Title	MGR
BIFSHA, ENEA	Name	BIFSHA, SARAH B
1040 FOUNTAIN COIN LOOP	Address	1040 FOUNTAIN COIN LOOP
ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828
	MGR BIFSHA, ENEA 1040 FOUNTAIN COIN LOOP	MGRTitleBIFSHA, ENEAName1040 FOUNTAIN COIN LOOPAddress

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

01/14/2018 Date