

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2016
Secretary of State
CC3013000740

Entity Name: 1 DAY DENTURES MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

1329 LANE AVENUE S
JACKSONVILLE, FL 32205

Current Mailing Address:

1329 LANE AVENUE S
JACKSONVILLE, FL 32205

FEI Number: 47-3864265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEXGEN ACCOUNTANTS LLC
3505 SOUTHSIDE BLVD
SUITE #7
JACKSONVILLE, FL 32216 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: FRANCISCO ANDINO

04/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PITTMAN, CLARENCE
Address 1329 LANE AVENUE S
City-State-Zip: JACKSONVILLE FL 32205

Title AMBR
Name CORDOBA, LAURA
Address 1329 LANE AVENUE S
City-State-Zip: JACKSONVILLE FL 32205

Title AMBR
Name URENA, RAIMUNDA
Address 1329 LANE AVENUE S
City-State-Zip: JACKSONVILLE FL 32205

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: LAURA CORDOBA

AMBR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date