

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000175420

Entity Name: LAURIE A. KITSON, DMD, PLLC

Current Principal Place of Business:

1947 CITRONA DR
FERNANDINA BEACH, FL 32034

Current Mailing Address:

1947 CITRONA DR
FERNANDINA BEACH, FL 32034 US

FEI Number: 47-5341370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KITSON, LAURIE A DMD
1947 CITRONA DR
FERNANDINA BEACH, FL 32034 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 KITSON, LAURIE A DMD
Address 1947 CITRONA DR
City-State-Zip: FERNANDINA BEACH FL 32034

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: LAURIE A. KITSON, DMD

DENTIST/OWNER

01/09/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date