

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000025197

Entity Name: AARON M. SHOOPAK DMD, PLLC

Current Principal Place of Business:

14251 PUFFIN CT
CLEARWATER, FL 33762

Current Mailing Address:

14251 PUFFIN CT
CLEARWATER, FL 33762 US

FEI Number: 81-1280169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOOPAK, AARON M
14251 PUFFIN CT
CLEARWATER, FL 33762 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 MMGR
Name SHOOPAK, AARON M
Address 14251 PUFFIN CT
City-State-Zip: CLEARWATER FL 33762

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: AARON M. SHOOPAK

MMGR

04/20/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date