

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000025197

Entity Name: AARON M. SHOOPAK DMD, PLLC

Current Principal Place of Business:

2042 HAWAII AVE NE
ST. PETERSBURG , FL 33703

Current Mailing Address:

2042 HAWAII AVE NE
ST. PETERSBURG, FL 33703 US

FEI Number: 81-1280169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOOPAK, AARON M
2042 HAWAII AVE NE
ST. PETERSBURG , FL 33703 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 2042 HAWAII AVE NE
City-State-Zip: ST. PETERSBURG FL 33703

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 SHOOPAK

OWNER

03/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date