

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000141008

**Entity Name:** FORT DENTAL LABORATORY LLC

**Current Principal Place of Business:**

1217 NW 16TH AVE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1217 NW 16TH AVE  
GAINESVILLE, FL 32601 US

**FEI Number:** 81-3432092

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORT, KENNETH WAYNE  
1217 NW 16TH AVE  
GAINESVILLE, FL 32601 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:** KENNETH WAYNE FORT

01/07/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            FORT, KENNETH  
Address        1217 NW 16TH AVE  
City-State-Zip: GAINESVILLE FL 32601

*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:** KENNETH FORT

PRESIDENT

01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date