## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000162173

Entity Name: LDSHANE, PLLC

**Current Principal Place of Business:** 

4122 SEABREEZE DR.

JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:** 

4122 SEABREEZE DR.

JACKSONVILLE BEACH. FL 32250 US

FEI Number: 81-1947796 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, RYAN 4122 SEABREEZE DR. JACKSONVILLE BEACH, FL 32250 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

**FILED** Mar 20, 2020

**Secretary of State** 

6628395878CC

Authorized Person(s) Detail:

Title COO Title MGR

RYAN JOHNSON DENTISTRY, PLLC Name KRISTOPHER HARTH, PLLC Name 4122 SEABREEZE DR. Address 169 SOUTH ROSCOE BLVD Address

City-State-Zip: PONTE VEDRA BEACH FL 32082 JACKSONVILLE BEACH FL 32250 City-State-Zip:

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: KRISTOPHER HARTH

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

03/20/2020