

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000051380

Entity Name: TRIPLE CROWNS DENTAL LLC

Current Principal Place of Business:

25415 CORTEZ BLVD
BROOKSVILLE, FL 34601

Current Mailing Address:

25415 CORTEZ BLVD
BROOKSVILLE, FL 34601 US

FEI Number: 26-1504254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDREWS, REGIS J
25415 CORTEZ BLVD
BROOKSVILLE, FL 34601 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 ANDREWS, REGIS J
Address 25415 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34601

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: REGIS ANDREWS

MGR

03/21/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date