

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000055786

**Entity Name:** CITRUS DENTAL SLEEP CENTER, LLC

**Current Principal Place of Business:**

8415 S. SUNCOAST BLVD  
HOMOSASSA, FL 34446

**Current Mailing Address:**

8415 S. SUNCOAST BLVD  
HOMOSASSA, FL 34446 US

**FEI Number:** 82-0945852

**Certificate of Status Desired:** No

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

TAYLOR, KEITH R ESQ.  
1143 N LYLE AVE  
CRYSTAL RIVER, FL 34429 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 AMBR  
Name MAGYAR, CARL  
Address 8415 S. SUNCOAST BLVD  
City-State-Zip: HOMOSASSA FL 34446

Title AMBR  
Name LACKEY, MARK  
Address 40 WOODFIELD CIR  
City-State-Zip: HOMOSASSA FL 34446

*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:** CARL MAGYAR

AMBR

01/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date