

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000104428

Entity Name: DENTAL PASSPORT, LLC

Current Principal Place of Business:

8400 BAYMEADOWS RD., STE. 5
JACKSONVILLE, FL 32256

Current Mailing Address:

8400 BAYMEADOWS RD., STE. 5
JACKSONVILLE, FL 32256

FEI Number: 82-1852543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAIMAN, KENNETH
8400 BAYMEADOWS RD., STE. 5
JACKSONVILLE, FL 32256 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 BRAIMAN, KENNETH
Address 8400 BAYMEADOWS RD., STE. 5
City-State-Zip: JACKSONVILLE FL 32256

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 BRAIMAN

MGR

02/15/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date