

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000124711

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**5491098294CC**

**Entity Name:** TALLAHASSEE DENTAL ASSOCIATES, PLLC

**Current Principal Place of Business:**

2929-B CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2929-B CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308

**FEI Number: 82-1794848**

**Certificate of Status Desired: No**

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

BECK, MARCI  
2929-B CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308 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 DR. BRIAN R. BECK, D.M.D., P.A.  
Address 2929-B CAPITAL MEDICAL BOULEVARD  
City-State-Zip: TALLAHASSEE FL 32308

Title AMBR  
Name DRS. MARCI AND GLENN BECK, P.A.  
Address 2929-B CAPITAL MEDICAL BOULEVARD  
City-State-Zip: TALLAHASSEE FL 32308

Title AMBR  
Name JULIE G. BAILEY, DMD, PLLC  
Address 2929-B CAPITAL MEDICAL BOULEVARD  
City-State-Zip: TALLAHASSEE FL 32308

*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: MARCI BECK**

**PARTNER**

**02/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date