

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000124711

FILED
Feb 19, 2019
Secretary of State
5431959107CC

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 | Title | AMBR |
| Name | DR. BRIAN R. BECK, D.M.D., P.A. | Name | DRS. MARCI AND GLENN BECK, P.A. |
| Address | 2929-B CAPITAL MEDICAL BOULEVARD | Address | 2929-B CAPITAL MEDICAL BOULEVARD |
| City-State-Zip: | TALLAHASSEE FL 32308 | 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: O GLENN BECK JR

OWNER

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date