

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000129225

Entity Name: TIMOTHY BRADBERRY DMD, PLLC

Current Principal Place of Business:

7301 MERRILL RD
JACKSONVILLE, FL 32277

Current Mailing Address:

7301 MERRILL RD
JACKSONVILLE, FL 32277 US

FEI Number: 17-0001292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARLINGTON DENTAL CENTER PA
7301 MERRILL RD
JACKSONVILLE, FL 32277 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: TIMOTHY BRADBERRY

06/22/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name BRADBERRY, TIMOTHY L
Address 7301 MERRILL RD
City-State-Zip: JACKSONVILLE FL 32277

Title MANAGER
Name ARLINGTON DENTAL CENTER PA
Address 7301 MERRILL RD
City-State-Zip: JACKSONVILLE FL 32277

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: TIMOTHY L BRADBERRY

PRESIDENT

06/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date