

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000155343

**Entity Name:** SHORE DENTAL, LLC**Current Principal Place of Business:**1314 EAST VENICE AVENUE, SUITE F  
VENICE, FL 34285**Current Mailing Address:**1314 EAST VENICE AVENUE, SUITE F  
VENICE, FL 34285 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHESTNUT BUSINESS SERVICES, LLC  
490 1ST AVE S STE 700  
ST PETERSBURG, FL 33701 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 WEERASOORIYA, SHANAKA L DMD  
Address 1314 EAST VENICE AVENUE, SUITE F  
City-State-Zip: VENICE FL 34285

Title MGR  
Name WEERASOORIYA, C. ROMESH DMD  
Address 1314 EAST VENICE AVENUE, SUITE F  
City-State-Zip: VENICE FL 34285

Title MGR  
Name THOMPSON, R. SCOTT DDS  
Address 1314 EAST VENICE AVENUE, SUITE F  
City-State-Zip: VENICE FL 34285

*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:** C. ROMESH WEERASOORIYA, DMD

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date