

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000247857

Entity Name: ANP DENTAL & AESTHETICS, LLC

Current Principal Place of Business:

646 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33304

Current Mailing Address:

646 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33304 US

FEI Number: 82-3624535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, APRIL N
646 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33304 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 CEO
Name PATTERSON, APRIL N
Address 646 NORTH FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33304

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: APRIL PATTERSON

CEO

08/25/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date