

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000099222

Entity Name: FLORIDA DENTAL ASSISTANT TRAINING SCHOOLS, LLC

Current Principal Place of Business:

5739 CANTON COVE
WINTER SPRINGS, FL 32708

Current Mailing Address:

5739 CANTON COVE
WINTER SPRINGS, FL 32708 US

FEI Number: 82-5302002

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, FAY H
612 TINA LANE
WINTER SPRINGS, FL 32708 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 COLLINS, FAY H
Address 612 TINA LANE
City-State-Zip: WINTER SPRINGS FL 32708

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: FAY H COLLINS

OWNER

01/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date