

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000276095

Entity Name: SEABREEZE DENTAL GROUP, P.L.L.C.

Current Principal Place of Business:

2520 US1 S
ST AUGUSTINE, FL 32086

Current Mailing Address:

2520 US1 S
ST AUGUSTINE, FL 32086 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULTZ, ESQ, KERRY A
2045 FOUNTAIN PROFESSIONAL CT STE A
NAVARRE, FL 32566 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 MBR
Name TAWIL, NICHOLAS
Address 2520 US1 S
City-State-Zip: ST AUGUSTINE FL 32086

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: TAWIL , NICHOLAS

MBR

02/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date