#### 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. 01/28/2022

SIGNATURE: BETH KORNEGAY

Electronic Signature of Signing Authorized Person(s) Detail

Varient Mannig Address.	
05 WEST RIVER ROAD	

#### FEI Number: 83-3185757

#### Name and Address of Current Registered Agent:

KORNEGAY, BETH A MRS. 305 WEST RIVER ROAD PALATKA, FL 32177 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	BETH A. KORNEGAY			01/28/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	KORNEGAY, JAMES M	Name	KORNEGAY, BETH A		
Address	305 WEST RIVER ROAD	Address	305 WEST RIVER ROAD		
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	PALATKA FL 32177		

# DOCUMENT# L19000013949

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: JB DENTAL OFFICE, LLC

### **Current Principal Place of Business:**

1617 CATALINA BLVD DELTONA, FL 32725

# **Current Mailing Address:**

3 PALATKA, FL 32177 US

# Certificate of Status Desired: No

Date

# FILED Jan 28, 2022 Secretary of State 8790459751CC

OWNER