

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000131842

Entity Name: APPLE MOBILE DENTAL MANAGEMENT LLC

Current Principal Place of Business:

2054 ALTA MEADOWS LANE
2402
DELRAY BEACH, FL 33444

Current Mailing Address:

2054 ALTA MEADOWS LANE,2402
2402
DELRAY BEACH, FL 33444 US

FEI Number: 84-1939261

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSELL, LACY S
2054 ALTA MEADOWS LANE
2402
DELRAY BEACH, FL 33444 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: LACY RUSSELL

06/29/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name PRINCE, AUDRAH M
Address 2288-A FIRST AVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title CEO
Name RUSSELL, LACY S
Address 2054 ALTA MEADOWS LANE
2402
City-State-Zip: DELRAY BEACH FL 33444

Title SECRETARY
Name SUNDERLAND, PAULA J
Address 3172 PARADE TERRACE
City-State-Zip: NORTH PORT FL 34286

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: LACY RUSSELL

CEO

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date