

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000194739

**Entity Name:** EMERALD COAST DENTAL LAB LLC

**Current Principal Place of Business:**

5234 WILLING STREET  
MILTON, FL 32570

**Current Mailing Address:**

5234 WILLING STREET  
MILTON, FL 32570

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

OWSLEY, JAY M  
7379 CORRAL ROAD  
MILTON, FL 32583 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 OWSLEY, JAY M  
Address 7379 CORRAL ROAD  
City-State-Zip: MILTON FL 32583

*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:** JAY OWSLEY

**OWNER**

**03/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date