

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000158105

Entity Name: DR. NEILL DENTAL, LLC

Current Principal Place of Business:

1538 BANNING STREET
MT.PLEASANT, SC 29466

Current Mailing Address:

1538 BANNING STREET
MT.PLEASANT, SC 29466 US

FEI Number: 85-1433546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEILL, CODY DR.
1538 BANNING STREET
MT.PLEASANT, FL 29466 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 NEILL, CODY DR.
Address 3203 MARCELLUS CIRCLE
City-State-Zip: TAMPA FL 33609

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: CODY ALAN NEILL

PRESIDENT

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date