# DOCUMENT# M14000001094

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: FORT LAUDERDALE CLEARCHOICE DENTAL, LLC

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

8350 E CRESCENT PKWY SUITE 300 GREENWOOD VILLAGE, CO 80111

# **Current Mailing Address:**

8350 E CRESCENT PKWY SUITE 300 GREENWOOD VILLAGE, CO 80111 US

#### FEI Number: 32-0436540

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

#### Authorized Person(s) Detail :

City-State-Zip: GREENWOOD VILLAGE CO 80111

Title	MANAGER	Title	MANAGER
Name	DEYOUNG, ROBERT	Name	SMYTHE, DENNIS
Address	8350 E CRESCENT PKWY SUITE 300	Address	8350 E CRESCENT PKWY SUITE 300
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	MANAGER		
Name	MOSHER, KEVIN		
Address	8350 E CRESCENT PKWY SUITE 300		

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.

MANAGER

04/05/2018

Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 05, 2018 Secretary of State CC7205794978

Certificate of Status Desired: No