

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041724

**Entity Name:** FLIGHT STREAM, L.L.C.

**Current Principal Place of Business:**

FLIGHT STREAM, LLC  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**Current Mailing Address:**

FLIGHT STREAM, LLC  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**FEI Number:** 20-0347868

**Certificate of Status Desired:** No

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

NICHOLS, DAVID P  
C/O DENTAL CARE ALLIANCE, L.L.C.  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240 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 MATZKIN, STEVEN R  
Address 6240 LAKE OSPREY DRIVE  
City-State-Zip: SARASOTA FL 34240

Title P  
Name LOGAN, SAM  
Address 4032 RED ROCK LANE  
City-State-Zip: SARASOTA FL 34231-3543

*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:** STEVEN R. MATZKIN

**MANAGING MEMBER**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date