

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025379

Entity Name: TOWNCARE DENTAL OF PINECREST, LLC

Current Principal Place of Business:

8353 SW 124 STREET
SUITE 202
MIAMI, FL 33156

Current Mailing Address:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240 US

FEI Number: 20-1026249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, RUSSELL
6240 LAKE OSPREY DR.
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: RUSSELL ALLEN

04/19/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DIRECTOR
Name CARDOUNEL, ALEX
Address 13195 SW 134 STREET 2ND FLOOR
City-State-Zip: MIAMI FL 33186

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: ALEX CARDOUNEL

DIRECTOR

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date