

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063162

**Entity Name:** THOMAS STAKEM, DDS, MD, LLC

**Current Principal Place of Business:**

7175-01 US HIGHWAY 17 SOUTH  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

7175-01 US HIGHWAY 17 SOUTH  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 43-2085242

**Certificate of Status Desired:** No

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

STAKEM, THOMAS E  
7175-01 US HIGHWAY 17 SOUTH  
FLEMING ISLAND, FL 32003 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 STAKEM, THOMAS E  
Address 7175-01 US HIGHWAY 17 SOUTH  
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR  
Name STAKEM, GINA M  
Address 415 SOPHIA TERRACE  
City-State-Zip: ST. AUGUSTINE FL 32095

*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:** THOMAS STAKEM

**PRESIDENT**

**06/13/2019**

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

\_\_\_\_\_  
Date