

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088950

Entity Name: CHARLES SCHMITT, D.M.D., LLC

Current Principal Place of Business:

520 S. MAITLAND AVE.
MAITLAND, FL 32751

Current Mailing Address:

520 S. MAITLAND AVE.
MAITLAND, FL 32751

FEI Number: 14-1938961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMITT, CHARLES HDMD
520 S. MAITLAND AVE.
MAITLAND, FL 32751 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 MGRM
Name SCHMITT, CHARLES HDMD
Address 520 S. MAITLAND AVENUE
City-State-Zip: MAITLAND FL 32751

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: CHARLES H SCHMITT

DENTIST

01/17/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date