

**2017 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

**OWNER**

**01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date