

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054466

Entity Name: PETRA LEE D.M.D., PLLC

Current Principal Place of Business:

609 LAMAR AVE
BROOKSVILLE, FL 34601

Current Mailing Address:

609 LAMAR AVE
BROOKSVILLE, FL 34601

FEI Number: 20-4979998

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, PETRA
609 LAMAR AVE
BROOKSVILLE, FL 34601 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 LEE, PETRA G DR.
Address 609 LAMAR AVE
City-State-Zip: BROOKSVILLE FL 34601

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: PETRA LEE, DMD

MGR

04/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date