

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089532

Entity Name: SHAUN D. GRASER, DMD, PLC

Current Principal Place of Business:

321 NOKOMIS AVE. S.
SUITE A
VENICE, FL 34285

Current Mailing Address:

321 NOKOMIS AVE. S.
SUITE A
VENICE, FL 34285

FEI Number: 26-1134300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORBRIDGE, C. KELLEY
1314 EAST VENICE AVENUE
SUITE D
VENICE, FL 34285 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 GRASER, SHAUN DDMD
Address 321 NOKOMIS AVE. S.
City-State-Zip: VENICE FL 34285

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: SHAUN GRASER

OWNER

02/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date