**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 14, 2014**
**Secretary of State**
**CC3169954331**

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 D. GRASER PRESIDENT 01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date