

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111330

Entity Name: KRISTIN A. WOODS DDS PLC

Current Principal Place of Business:

7507 WEEPING WILLOW
SARASOTA, FL 34241

Current Mailing Address:

7507 WEEPING WILLOW DRIVE
SARASOTA, FL 34241

FEI Number: 26-1419750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODS, KRISTIN A
7507 WEEPING WILLOW DRIVE
SARASOTA, FL 34241 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 WOODS, KRISTIN A
Address 7507 WEEPING WILLOW DRIVE
City-State-Zip: SARASOTA FL 34241

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: KRISTIN WOODS

MANAGING MEMBER

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date