

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052715

**Entity Name:** FRANKLIN DENTAL GROUP LLC

**Current Principal Place of Business:**

9126 TOWN CENTER PKWY  
STE 101  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9126 TOWN CENTERPKWY  
SUITE 101  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 27-0657929

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANKLIN, KEVIN A  
3110 W SAN MIGUEL ST  
TAMPA, FL 33629 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:** KEVIN A FRANKLIN

02/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	FRANKLIN, KEVIN DR	Name	FRANKLIN, BRIAN
Address	3110 W SAN MIGUEL ST	Address	9126 TOWN CENTER PKWY SUITE 101
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	LAKEWOOD RANCH FL 34212

*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:** BRIAN FRANKLIN

MGRM

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date