

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041433

Entity Name: WESTMORELAND DENTAL, LLC

Current Principal Place of Business:

1941 W. COUNTY ROAD 419
SUITE 1061
OVIEDO, FL 32766

Current Mailing Address:

1941 W. COUNTY ROAD 419
SUITE 1061
OVIEDO, FL 32766

FEI Number: 27-2625978

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WESTMORELAND, PAMELA
1941 W. COUNTY ROAD 419
SUITE 1061
OVIEDO, FL 32766 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 WESTMORELAND, PAMELA
Address 1941 W. COUNTY ROAD 419, SUITE
1061
City-State-Zip: OVIEDO FL 32766

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: PAMELA WESTMORELAND

OWNER,
WESTMORELAND
DENTAL, LLC

01/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date