

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107729

**Entity Name:** KOOL KIDZ PEDIATRIC DENTISTRY, LLC

**Current Principal Place of Business:**

7712 W. WATERS AVENUE  
TAMPA, FL 33615

**Current Mailing Address:**

7712 W. WATERS AVENUE  
TAMPA, FL 33615

**FEI Number:** 27-3683760

**Certificate of Status Desired:** No

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

AVES, ROXANN RDDS  
7712 W. WATERS AVENUE  
TAMPA, FL 33615 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            AUTHORIZED MEMBER  
Name            AVES, ROXANN R  
Address        7712 W. WATERS AVENUE  
City-State-Zip: TAMPA FL 33615

*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:** AVES , ROXANN R

**MANAGING PARTNER**

**01/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date