

2015 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: ROXANN R. AVES

AUTHORIZED MANAGER 02/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date