

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121209

Entity Name: LAKE PARK DENTAL, LLC

Current Principal Place of Business:

19151 N DALE MABRY HWY
LUTZ, FL 33548

Current Mailing Address:

19151 N DALE MABRY HWY
LUTZ, FL 33548 US

FEI Number: 35-2395287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOCKIN, N'DJI B
4715 RUE BORDEAUX
LUTZ, FL 33558 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 MGRM
Name JOCKIN, SARAH
Address 4715 RUE BORDEAUX
City-State-Zip: LUTZ FL 33558

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: SARAH JOCKIN

MANAGING MEMBER

02/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date