

**2018 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, SARAH  
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:** SARAH JOCKIN, DDS

03/31/2018

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, DDS

MGR/PARTNER

03/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date