

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000121209

**Entity Name:** LAKE PARK DENTAL, LLC

**Current Principal Place of Business:**

16688 N DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

16688 N DALE MABRY HWY  
TAMPA, FL 33618 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

**OWNER**

**01/30/2015**

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

\_\_\_\_\_  
Date