

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000031540

Entity Name: LUIS A CRUZ, DMD, LLC

Current Principal Place of Business:

105 CYPRESS POINT PARKWAY
SUITE D
PALM COAST, FL 32164

Current Mailing Address:

105 CYPRESS POINT PARKWAY
SUITE D
PALM COAST, FL 32164

FEI Number: 20-8033037

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CRUZ, LUIS A
105 CYPRESS POINT PARKWAY
SUITE D
PALM COAST, FL 32164 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 CRUZ, LUIS A
Address 105 CYPRESS POINT PARKWAY
SUITE D
City-State-Zip: PALM COAST FL 32164

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: LUIS A. CRUZ

MANAGER

02/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date