

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119490

**Entity Name:** ALAN D. SHOOPAK, D.M.D. ORTHODONTIC GROUP I, LLC

**Current Principal Place of Business:**

6311 4TH STREET NORTH  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

6311 4TH STREET NORTH  
ST PETERSBURG, FL 33702 US

**FEI Number:** 45-3735299

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOOPAK, ALAN D  
6311 4TH STREET NORTH  
ST. PETERSBURG, FL 33702 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 MGR  
Name SHOOPAK, ALAN D  
Address 6311 4TH STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33702

Title MGR  
Name BUCHMAN, DENNIS J.  
Address 6311 4TH STREET NORTH  
City-State-Zip: ST.PETERSBURG FL 33702

*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:** ALAN SHOOPAK

MGR

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date