

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000144360

**Entity Name:** ABDONEY ORTHODONTICS, PLLC

**Current Principal Place of Business:**

3516 W. BAY TO BAY BLVD.  
TAMPA, FL 33629

**Current Mailing Address:**

3516 W. BAY TO BAY BLVD.  
TAMPA, FL 33629 US

**FEI Number:** 59-1197844

**Certificate of Status Desired:** No

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

ABDONEY, MICHAEL L  
3516 W. BAY TO BAY BLVD.  
TAMPA, FL 33629 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 ABDONEY, MICHAEL L  
Address 3516 W. BAY TO BAY BLVD.  
City-State-Zip: TAMPA FL 33629

*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:** DR. MICHAEL L. ABDONEY

MGR

01/22/2015

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

\_\_\_\_\_ Date