

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000029393

Entity Name: STEPHEN H LOFTIS, DDS, LLC

Current Principal Place of Business:

3423 E SILVER SPRINGS BLVD
SUITE 6
OCALA, FL 34470

Current Mailing Address:

3423 E SILVER SPRINGS BLVD
SUITE 6
OCALA, FL 34470 US

FEI Number: 45-4673322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOFTIS, STEPHEN H
3423 E SILVER SPRINGS BLVD
SUITE 6
OCALA, FL 34470 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 LOFTIS, STEPHEN H
Address 3423 E SILVER SPRINGS BLVD
City-State-Zip: Ocala FL 34470

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: STEPHEN H LOFTIS

MANAGING MEMBER

02/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date