

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000150488

Entity Name: ATA DENTAL DESIGN LLC

Current Principal Place of Business:

4137 TOWN CENTER BLVD
ORLANDO, FL 32837

Current Mailing Address:

4137 TOWN CENTER BLVD
ORLANDO, FL 32837

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATA, JOSEPH A
4137 TOWN CENTER BLVD
ORLANDO, FL 32837 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 ATA, JILL E
Address 4137 TOWN CENTER BLVD
City-State-Zip: ORLANDO FL 32837

Title MGRM
Name ATA, JOSEPH A
Address 4137 TOWN CENTER BLVD
City-State-Zip: ORLANDO FL 32837

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: JILL E ATA

MGRM

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date