

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000150488

**Entity Name:** ATA DENTAL DESIGN LLC

**Current Principal Place of Business:**

3192 S. JOHN YOUNG PARKWAY STE. B  
ORLANDO, FL 34746

**Current Mailing Address:**

3192 S. JOHN YOUNG PARKWAY STE. B  
ORLANDO, FL 34746 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ATA, JOSEPH A  
3192 S. JOHN YOUNG PARKWAY STE. B  
ORLANDO, FL 34746 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 3192 S. JOHN YOUNG PARKWAY STE.  
B  
City-State-Zip: ORLANDO FL 34746

Title MGRM  
Name ATA, JOSEPH A  
Address 3192 S. JOHN YOUNG PARKWAY STE.  
B  
City-State-Zip: ORLANDO FL 34746

*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:** JOSEPH ATA

**MGRM**

**04/23/2015**

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

\_\_\_\_\_  
Date