

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000045260

Entity Name: MEGALODONTIST CONSULTANTS LLC

Current Principal Place of Business:

275 WASHINGTON AVE
ENGLEWOOD, FL 34223

Current Mailing Address:

275 WASHINGTON AVE
ENGLEWOOD, FL 34223

FEI Number: 30-0778621

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WERPEN, KNUT E PRES
275 WASHINGTON AVE
ENGLEWOOD, FL 34223 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 OCONNOR, BRITTANY A VICE PR
Address 275 WASHINGTON AVE
City-State-Zip: ENGLEWOOD FL 34223

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: BRITTANY OCONNOR

VICE PR

01/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date