

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070363

**Entity Name:** NAPLES DENTAL STUDIO LLC

**Current Principal Place of Business:**

730 GOODLETTE RD. N., SUITE 206  
NAPLES, FL 34102

**Current Mailing Address:**

730 GOODLETTE RD. N., SUITE 206  
NAPLES, FL 34102

**FEI Number:** 46-2768674

**Certificate of Status Desired:** No

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

GOSS, TRAVIS  
730 GOODLETTE RD. N., SUITE 206  
NAPLES, FL 34102 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 GOSS, TRAVIS  
Address 730 GOODLETTE RD. N., SUITE 206  
City-State-Zip: NAPLES FL 34102

*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:** TRAVIS GOSS

MGR

02/22/2015

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

\_\_\_\_\_ Date