

2017 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

01/10/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date