

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000081431

Entity Name: GABRIEL A. NOSSA, DMD, LLC

Current Principal Place of Business:

7328 W. UNIVERSITY AVE
SUITE E
GAINESVILLE, FL 32607

Current Mailing Address:

7328 W. UNIVERSITY AVE
SUITE E
GAINESVILLE, FL 32607 US

FEI Number: 46-2914164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOSSA, GABRIEL A
7328 W. UNIVERSITY AVE SUITE E
GAINESVILLE, FL 32607 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 NOSSA, GABRIEL A
Address 5016 NW 36TH STREET
City-State-Zip: GAINESVILLE FL 32605

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: GABRIEL A. NOSSA

MR.

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date