## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000130805

Entity Name: DENTIMATE, P.L.L.C.

**Current Principal Place of Business:** 

12814 SADDLE CLUB CIRCLE **APT 304** 

TAMPA, FL 33635

**Current Mailing Address:** 

12814 SADDLE CLUB CIRCLE **APT 304** TAMPA, FL 33635 US

FEI Number: 46-3664511 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ. 1245 COURT ST. SUITE 102 CLEARWATER, FL 33756 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

**FILED** Jan 09, 2015

**Secretary of State** 

CC6395989789

## Authorized Person(s) Detail:

Title **MGRM** 

Name SARAVANA KUMAR KARUNAGARAN,

B.D.S.

Address 12814 SADDLE CLUB CIRCLE

**APT 304** 

City-State-Zip: TAMPA FL 33635

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SARAVANA KARUNAGARAN

**MANAGER** 

01/09/2015

Date