

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000145392

Entity Name: GAMMA DENT, LLC

Current Principal Place of Business:

1414 KINGSLEY AVE. #2
ORANGE PARK, FL 32073

Current Mailing Address:

1414 KINGSLEY AVE. #2
ORANGE PARK, FL 32073

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 32207 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	Title	MGR
Name	ARCHAMBAULT, GREGORY A	Name	ARCHAMBAULT, PATRICIA A
Address	1414 KINGSLEY AVE. #2	Address	1414 KINGSLEY AVE. #2
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073

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: ARCHAMBAULT, GREGORY A

MGR

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date