

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000154033

Entity Name: PARRISH FAMILY DENTISTRY, LLC

Current Principal Place of Business:

729 DUNLAWTON AVE.
PORT ORANGE, FL 32127

Current Mailing Address:

729 DUNLAWTON AVE.
PORT ORANGE, FL 32127

FEI Number: 46-4019224

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARRISH, DANNY C
729 DUNLAWTON AVE.
PORT ORANGE, FL 32127 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 PRESIDENT
Name PARRISH, DANNY C DR.
Address 729 DUNLAWTON AVE.
City-State-Zip: PORT ORANGE FL 32127

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: DR DANNY PARRISH

OWNER

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date