

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000167687

**Entity Name:** ALEXIS DOMINGUEZ, DMD, PLLC

**Current Principal Place of Business:**

3802 EHRLICH ROAD  
SUITE 208  
TAMPA, FL 33624

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC0605524256**

**Current Mailing Address:**

3802 EHRLICH ROAD  
SUITE 208  
TAMPA, FL 33624 US

**FEI Number:** 46-4228524

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOMINGUEZ, ALEXIS  
3802 EHRLICH ROAD  
SUITE 208  
TAMPA, FL 33624 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            DOMINGUEZ, ALEXIS  
Address        3802 EHRLICH ROAD  
                  SUITE 208  
City-State-Zip: TAMPA FL 33624

Title            OTHER  
Name            DOMINGUEZ, MICHAEL  
Address        3802 EHRLICH ROAD  
                  SUITE 208  
City-State-Zip: TAMPA FL 33624

*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:** ALEXIS DOMINGUEZ, DMD

**MANAGER**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date