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

SIGNATURE: ALEXIS DOMINGUEZ

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

Electronic Signature of Registered Agent

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

...

Authorized Person(s) Detail :			
Title	MGR	Title	OTHER
Name	DOMINGUEZ, ALEXIS	Name	DOMINGUEZ, MICHAEL
Address	3802 EHRLICH ROAD SUITE 208	Address	3802 EHRLICH ROAD SUITE 208
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

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.

Current Mailing Address:

3802 EHRLICH ROAD

SUITE 208 TAMPA, FL 33624

3802 EHRLICH ROAD SUITE 208 TAMPA, FL 33624 US

DOCUMENT# L13000167687

FEI Number: 46-4228524

Name and Address of Current Registered Agent:

Entity Name: ALEXIS DOMINGUEZ, DMD, PLLC

Current Principal Place of Business:

DOMINGUEZ, ALEXIS 3802 EHRLICH ROAD SUITE 208 TAMPA, FL 33624 US

FILED Jan 21, 2020 Secretary of State 2680317914CC

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. 01/21/2020 MGR

Date

Date