

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053492

Entity Name: ANDREW CORSARO, DMD, LLC

Current Principal Place of Business:

27 NASHUA WAY
OCALA, FL 34482

Current Mailing Address:

27 NASHUA WAY
OCALA, FL 34482 US

FEI Number: 47-2710590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORSARO, ANDREW J
27 NASHUA WAY
OCALA, FL 34482 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 CORSARO, ANDREW J
Address 1395 CENTER DR
PO BOX 100415
City-State-Zip: GAINESVILLE FL 32610

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: ANDREW CORSARO

MGR

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date