

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053492

Entity Name: ANDREW CORSARO, DMD, LLC

Current Principal Place of Business:

801 S OLIVE AVE - STE. 414
WEST PALM BEACH, FL 33401

Current Mailing Address:

801 S OLIVE AVE - STE. 414
WEST PALM BEACH, FL 33401

FEI Number: 47-2710590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORSARO, ANDREW J
801 S OLIVE AVE - STE. 414
WEST PALM BEACH, FL 33401 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 801 S OLIVE AVE STE 414
City-State-Zip: WEST PALM BEACH FL 33401

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

MANAGER

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date