

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000088106

Entity Name: DR. SHROFF PLANTATION DENTIST, LLC

Current Principal Place of Business:

1854 N NOBHILL ROAD
PLANTATION, FL 33322

Current Mailing Address:

1854 N NOBHILL ROAD
PLANTATION, FL 33322 US

FEI Number: 47-1035515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHROFF, HITESH
1854 N NOBHILL ROAD
PLANTATION, FL 33322 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 SHROFF, HITESH
Address 1854 N NOBHILL ROAD
City-State-Zip: PLANTATION FL 33322

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: HITESH R SHROFF

MGR

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date