

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000145375

**Entity Name:** BAYSHORE DENTAL LABS LLC

**Current Principal Place of Business:**

298 SHORE DR  
PALM HARBOR, FL 34683

**Current Mailing Address:**

PO BOX 820  
OZONA, FL 34660

**FEI Number:** 47-1887028

**Certificate of Status Desired:** No

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

FUTCH, BARBARA R  
298 SHORE DR  
PALM HARBOR, FL 34683 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            PRES  
Name            FUTCH, BARBARA R  
Address        298 SHORE DR  
City-State-Zip: PALM HARBOR FL 34683

Title            VP  
Name            FUTCH, ROBERT S  
Address        298 SHORE DR  
City-State-Zip: PALM HARBOR FL 34683

*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:** BARBARA R FUTCH

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date