

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000150839

Entity Name: IN HOUSE DENTAL LABORATORY LLC

Current Principal Place of Business:

55 RAMBLEWOOD DRIVE
PALM COAST, FL 32164

Current Mailing Address:

55 RAMBLEWOOD DRIVE
PALM COAST, FL 32164

FEI Number: 47-2091005

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHARPE, SIMON S
55 RAMBLEWOOD DRIVE
PALM COAST, FL 32164 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 SHARPE, ASHLY E
Address 55 RAMBLEWOOD DRIVE
City-State-Zip: PALM COAST FL 32164

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: SHARPE, ASHLY E

MGR

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date