

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000162110

**Entity Name:** EMERALD COAST DENT SPECIALIST, LLC

**Current Principal Place of Business:**

6067 WHITE CREEK LN.  
MILTON, FL 32570

**Current Mailing Address:**

6067 WHITE CREEK LN.  
MILTON, FL 32570 US

**FEI Number:** 47-2109019

**Certificate of Status Desired:** No

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

NICHOLSON, TIMOTHY E  
6067 WHITE CREEK LN.  
MILTON, FL 32570 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:** TIMOTHY E NICHOLSON

01/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NICHOLSON, TIMOTHY  
Address 6067 WHITE CREEK LN.  
City-State-Zip: MILTON FL 32570

*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:** TIMOTHY NICHOLSON

OWNER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date