

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000172358

**Entity Name:** JACOBS AND THATCHER DENTISTRY, PLLC

**Current Principal Place of Business:**

1601 RICKENBACKER DRIVE  
SUITE #7  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1601 RICKENBACKER DRIVE  
SUITE #7  
SUN CITY CENTER, FL 33573

**FEI Number:** 47-2293210

**Certificate of Status Desired:** No

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

THATCHER, BRYAN DR.  
1601 RICKENBACKER DRIVE  
SUITE #7  
SUN CITY CENTER, FL 33573 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:** BRYAN THATCHER

04/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRYAN R. THATCHER, D.M.D., P.A.  
Address 1601 RICKENBACKER DRIVE, SUITE #7  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** BRYAN THATCHER

MGR

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date