

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000172843

Entity Name: MICHAEL A SUTTON DMD MS, PLLC

Current Principal Place of Business:

3045 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288

Current Mailing Address:

2449 YORKSHIRE DR
SARASOTA, FL 34231

FEI Number: 47-2188722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUTTON, MACHAEL
2449 YORKSHIRE DR
SARASOTA, FL 34231 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 AMBR
Name SUTTON, MICHAEL
Address 2449 YORKSHIRE DR
City-State-Zip: SARASOTA FL 34231

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: MICHAEL A. SUTTON

AMBR

01/17/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date