

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000176771

Entity Name: MACKENZIE DENTISTRY, PLLC

Current Principal Place of Business:

5100 S. CLYDE MORRIS BLVD.
STE 200
PORT ORANGE, FL 32127

Current Mailing Address:

5100 S. CLYDE MORRIS BLVD.
STE 200
PORT ORANGE, FL 32127

FEI Number: 47-2321806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACKENZIE-LLOYD, SUSAN J
5100 S. CLYDE MORRIS BLVD.
200
PORT ORANGE, FL 32127 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 P
Name MACKENZIE-LLOYD, SUSAN J
Address 5100 S. CLYDE MORRIS BLVD, SUITE
200
City-State-Zip: PORT ORANGE FL 32127

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: SUSAN MACKENZIE-LLOYD

OWNER PRESIDENT

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date