

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000176771

Entity Name: MACKENZIE DENTISTRY, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 47-2321806

Certificate of Status Desired: Yes

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 MGR
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 J MACKENZIE-LLOYD

MGR

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date