

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000085722

Entity Name: SHANNON ORTHODONTICS, LLC

Current Principal Place of Business:

2390 NORTH BLVD WEST
SUITE E-2
DAVENPORT, FL 33837

Current Mailing Address:

2390 NORTH BLVD WEST
SUITE E-2
DAVENPORT, FL 33837 US

FEI Number: 47-4021167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHANNON, CHRISTOPHER
2390 NORTH BLVD WEST
SUITE E-2
DAVENPORT, FL 33837 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 SHANNON, CHRISTOPHER
Address 2390 NORTH BLVD WEST
SUITE E-2
City-State-Zip: DAVENPORT FL 33837

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: CHRISTOPHER SHANNON

MANAGING MEMBER

01/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date