2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000115846

Entity Name: EMBRACE YOUR PRACTICE DENTAL CONSULTING

SERVICES, LLC

Current Principal Place of Business:

5379 LYONS RD SUITE: 122

COCONUT CREEK, FL 33073

Current Mailing Address:

5379 LYONS RD SUITE: 122

COCONUT CREEK, FL 33073 US

FEI Number: 47-4522447 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUGOVIC, CATHY 3570 MORNINGSIDE PLACE COCONUT CREEK, FL 33073 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

FILED Apr 30, 2018

Secretary of State

CC9370489006

Authorized Person(s) Detail:

Title MGR Title MGR

Name JUGOVIC, CATHY Name MENENDEZ, ANGIE

Address 5379 LYONS RD, SUITE #122 Address 5379 LYONS RD, SUITE #122
City-State-Zip: COCONUT CREEK FL 33073 City-State-Zip: COCONUT CREEK FL 33073

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: CATHY JUGOVIC MGR 04/30/2018