

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000119938

Entity Name: STEFANI J ALLISON, DMD, PLLC

Current Principal Place of Business:

200 AVENUE K SE
SUITE 1
WINTER HAVEN, FL 33880

Current Mailing Address:

200 AVENUE K SE
SUITE 1
WINTER HAVEN, FL 33880

FEI Number: 47-4554848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE & ASSOCIATES, CPA'S, P.A.
6039 CYPRESS GARDENS BLVD.
SUITE 165
WINTER HAVEN, FL 33884 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 ALLISON, STEFANI J
Address 200 AVENUE K SE, SUITE 1
City-State-Zip: WINTER HAVEN FL 33880

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: STEFANI J ALLISON

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date