

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000185544

Entity Name: SORINA ILIE DDS LLC

Current Principal Place of Business:

5640 NORTHBORO DR.
APT. 201
NAPLES, FL 34110

Current Mailing Address:

5640 NORTHBORO DR.
APT. 201
NAPLES, FL 34110 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ILIE, SORINA
5640 NORTHBORO DR.
APT. 201
NAPLES, FL 34110 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 ILIE, SORINA
Address 5640 NORTHBORO DR.APT. 201
City-State-Zip: NAPLES FL 34110

Title AP
Name ILIE, CRISTIAN
Address 5640 NORTHBORO DR. APT. 201
City-State-Zip: NAPLES FL 34110

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: CRISTIAN ILIE

AP

03/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date