

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000185544

**Entity Name:** SORINA ILIE DDS LLC

**Current Principal Place of Business:**

14700 TAMIAMI TRAIL NORTH  
SUITE 9  
NAPLES, FL 34110

**Current Mailing Address:**

14700 TAMIAMI TRAIL NORTH  
SUITE 9  
NAPLES, FL 34110 US

**FEI Number:** 81-3955151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ILIE, SORINA P  
14700 TAMIAMI TRAIL NORTH  
SUITE 9  
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:** SORINA ILIE

01/13/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ILIE, SORINA P  
Address 14700 TAMIAMI TRAIL NORTH  
SUITE 9  
City-State-Zip: NAPLES FL 34110

Title AP  
Name ILIE, CRISTIAN A  
Address 14700 TAMIAMI TRAIL NORTH  
SUITE 9  
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

01/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date