

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000070812

Entity Name: A AND Z DENTAL LAB LLC

Current Principal Place of Business:

3102 STAGE COACH TRAIL
WIMAUMA, FL 33598

Current Mailing Address:

3102 STAGE COACH TRAIL
WIMAUMA, FL 33598

FEI Number: 81-2291450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAGAN, NORA L
3102 STAGE COACH TRAIL
WIMAUMA, FL 33598 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 MGRM
Name HAGAN, NORA L
Address 3102 STAGE COACH TRAIL
City-State-Zip: WIAMUMA FL 33598

Title MGRM
Name HAGAN, EDWARD
Address 3102 STAGE COACH TRAIL
City-State-Zip: WIMAUMA FL 33598

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: NORA HAGAN

OWNER

03/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date