

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000078061

**Entity Name:** BENJAMIN PASS, DDS, MA, PLLC

**Current Principal Place of Business:**

1629 SOUTHWIND DRIVE  
BRANDON, FL 33510

**Current Mailing Address:**

1629 SOUTHWIND DRIVE  
BRANDON, FL 33510 US

**FEI Number: 81-2418401**

**Certificate of Status Desired: No**

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

LAMBERT LAW OFFICES, PL  
617 WEST LUMSDEN ROAD  
BRANDON, FL 33511 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 PASS, BENJAMIN  
Address 1629 SOUTHWIND DRIVE  
City-State-Zip: BRANDON FL 33510

*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: BENJAMIN PASS**

**MANAGER**

**04/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date