

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000145134

Entity Name: CLIFFORD FAMILY DENTISTRY, PLLC

Current Principal Place of Business:

1287 N. SEMORAN BLVD
ORLANDO, FL 32807

Current Mailing Address:

120 S WOODLAND BLVD
STE 207
DELAND, FL 32720 US

FEI Number: 81-3498101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAFLAMME, MARK E.
120 S WOODLAND BLVD
STE 207
DELAND, FL 32720 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 AMBR
Name LAFLAMME, MARK E.
Address 2685 TEMPLE ST
City-State-Zip: SARASOTA FL 34239

Title MGR
Name MAGEE, JAMES III
Address 2464 CAROLTON RD
City-State-Zip: MAITLAND FL 32751

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: JAMES MAGEE III

MGR

03/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date