

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000155821

Entity Name: PALM BEACH DENTAL STUDIO, PLLC

Current Principal Place of Business:

9070 KIMBERLY BLVD
SUITE 60
BOCA RATON, FL 33434

Current Mailing Address:

9070 KIMBERLY BLVD
SUITE 60
BOCA RATON, FL 33434 US

FEI Number: 82-1745010

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOVETERE, THOMAS
16645 GERMAINE DR.
DELRAY BEACH, FL 33446 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 LOVETERE, THOMAS
Address 16645 GERMAINE DR.
City-State-Zip: DELRAY BEACH FL 33446

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: THOMAS LOVETERE

OWNER

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date