

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000228231

**Entity Name:** ANGELA WILLOX DMD LLC

**Current Principal Place of Business:**

2930 MAGUIRE RD  
SUITE 100  
OCOEE, FL 34761

**Current Mailing Address:**

2930 MAGUIRE RD  
SUITE 100  
OCOEE, FL 34761 US

**FEI Number:** 81-4417447

**Certificate of Status Desired:** No

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

STALLARD, ANGELA C  
2930 MAGUIRE RD  
SUITE 100  
OCOEE, FL 34761 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:** ANGELA STALLARD

02/05/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	STALLARD, ANGELA C	Name	STALLARD, SCOTT A
Address	2930 MAGUIRE RD SUITE 100	Address	2930 MAGUIRE RD SUITE 100
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	OCOEE FL 34761

*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:** ANGELA STALLARD

MGR

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date