

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000017429

Entity Name: MARCUS O. WILLIAMS, D.M.D., LLC.

Current Principal Place of Business:

1301 HICKORY DR
LONGWOOD, FL 32779

Current Mailing Address:

1301 HICKORY DR
LONGWOOD, FL 32779 US

FEI Number: 82-0655179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, MARK III
1301 HICKORY DR
LONGWOOD, FL 32779 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 WILLIAMS, MARK III
Address 1301 HICKORY DR
City-State-Zip: LONGWOOD FL 32779

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: MARK WILLIAMS III

OWNER

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date