

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000039461

**Entity Name:** ROBERTO MACEDO DENTISTRY, LLC

**Current Principal Place of Business:**

2132 DRUID RD E  
UNIT 1108  
CLEARWATER, FL 33764

**Current Mailing Address:**

2132 DRUID RD E  
UNIT 1108  
CLEARWATER, FL 33764 US

**FEI Number:** 81-5469803

**Certificate of Status Desired:** Yes

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

MAGIDSON, MICHAEL D  
333 THIRD AVENUE NORTH, SUITE 200  
ST PETERSBURG, FL 33701 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 MACEDO, ROBERTO DDS PHD  
Address 1031 DILL COURT  
City-State-Zip: MARCO ISLAND FL 34145

*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:** ROBERTO MACEDO

**OWNER**

**03/12/2019**

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

\_\_\_\_\_  
Date