

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000076457

**Entity Name:** LEE M. COTE, JR., D.M.D., PLLC

**Current Principal Place of Business:**

195 W HIGHLAND ST  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

195 W HIGHLAND ST  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 82-1136086

**Certificate of Status Desired:** No

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

JENNIFER, COTE JORDAN DR.  
195 W HIGHLAND ST  
ALTAMONTE SPRINGS, FL 32714 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:** JENNIFER COTE

02/10/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COTE JR., LEE M D.M.D.  
Address 195 W HIGHLAND ST  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** COTE JR. , LEE M , D.M.D.

OWNER

02/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date