

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000095393

**Entity Name:** SARASOTA BAY DENTAL, PLLC

**Current Principal Place of Business:**

2809 UNIVERSITY PARKWAY  
SARASOTA, FL 34243

**Current Mailing Address:**

1724 CHERRY LANE  
SARASOTA, FL 34236 US

**FEI Number: 82-3599403**

**Certificate of Status Desired: Yes**

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

MILLER, ROBERT D  
1724 CHERRY LANE  
SARASOTA, FL 34236 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            MILLER, ROBERT DANIELL  
Address        1724 CHERRY LANE  
City-State-Zip: SARASOTA FL 34236

*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: ROBERT D MILLER**

**OWNER**

**02/03/2021**

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

\_\_\_\_\_  
Date