

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000121802

Entity Name: CRISCUOLO DENTAL, PLLC

Current Principal Place of Business:

16040 SW 61 CT
SOUTHWEST RANCHES, FL 33331

Current Mailing Address:

16040 SW 61 CT
SOUTHWEST RANCHES, FL 33331 UN

FEI Number: 82-1776489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRISCUOLO, STEPHEN K
693 BEDFORD AVE
WESTON, FL 33326 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 CRISCUOLO, STEPHEN K
Address 693 BEDFORD AVE
City-State-Zip: WESTON FL 33326

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: STEPHEN CRISCUOLO

MANAGING MEMBER

01/14/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date