

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000144084

Entity Name: MICHAEL L. KING DMD, PLLC

Current Principal Place of Business:

1695 N PARK DR #102
WESTON, FL 33326

Current Mailing Address:

1695 N PARK DR #102
WESTON, FL 33326 US

FEI Number: 82-2161444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, MICHAEL L
1695 N PARK DR #102
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 AMBR
Name KING, MICHAEL L
Address 1695 N PARK DR #102
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: MICHAEL KING

AMBR

02/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date