

**2023 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

03/05/2023

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

\_\_\_\_\_  
Date