

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000163264

Entity Name: CLEARWATER DENTAL PROSTHETICS, LLC

Current Principal Place of Business:

2226 DRUID RD E
CLEARWATER, FL 33764

Current Mailing Address:

2226 DRUID RD E
CLEARWATER, FL 33764 US

FEI Number: 83-1152002

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURTON, MATTHEW R
2226 DRUID RD E
CLEARWATER, FL 33764 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 BURTON, MATTHEW R
Address 2226 DRUID RD E
City-State-Zip: CLEARWATER FL 33764

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: MATTHEW BURTON

MANAGER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date