## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000252254

Entity Name: JASON EHRENMAN DMD MSD LLC

**Current Principal Place of Business:** 

1216 US-1 B

NORTH PALM BEACH, FL 33408

**Current Mailing Address:** 

1216 US-1 B

NORTH PALM BEACH, FL 33408 US

FEI Number: 83-2347678 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EHRENMAN, JASON S 1216 US-1 B NORTH PALM BEACH, FL 33408 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

FILED Mar 12, 2025

**Secretary of State** 

4187023908CC

Authorized Person(s) Detail:

Title MGR Title MANAGER

Name EHRENMAN, JASON S Name EHRENMAN, ASHLEY E

Address 1216 US-1 B Address 1216 US-1 B

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

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.

Electronic Signature of Signing Authorized Person(s) Detail