

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000258397

Entity Name: CLERMONT PEDIATRIC DENTISTRY, PLLC

Current Principal Place of Business:

3165 CITRUS TOWER BLVD.
CLERMONT,, FL 34711

Current Mailing Address:

3165 CITRUS TOWER BLVD.
CLERMONT,, FL 34711

FEI Number: 83-2515313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSO, JULIE M
3165 CITRUS TOWER BLVD.
CLERMONT, FL 34711 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 JULIE M. RUSSO, D.M.D., P.A.
Address 3165 CITRUS TOWER BLVD.
City-State-Zip: CLERMONT FL 34711

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: JULIE M. RUSSO

AUTHORIZED MEMBER

04/02/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date