

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000279294

**Entity Name:** JOSEPH ESTERLEY DMD PLLC

**Current Principal Place of Business:**

5076 N US HWY 41  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

500 KNIGHTS RUN AVE  
UNIT 1005  
TAMPA, FL 33602

**FEI Number:** 11-0683184

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESTERLEY, JOSEPH R  
500 KNIGHTS RUN AVE  
UNIT 1005  
TAMPA, FL 33602 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 ESTERLEY, JOSEPH R  
Address 500 KNIGHTS RUN AVE UNIT 1005  
City-State-Zip: TAMPA FL 33602

*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:** JOSEPH ESTERLEY

DMD

04/13/2023

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

\_\_\_\_\_  
Date