

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000026745

**Entity Name:** TAYLOR DENTAL PENSACOLA LLC

**Current Principal Place of Business:**

6601 N DAVIS HWY  
STE 8  
PENSACOLA, FL 32504

**Current Mailing Address:**

6601 N DAVIS HWY  
STE 8  
PENSACOLA, FL 32504 UN

**FEI Number:** 84-4560804

**Certificate of Status Desired:** No

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

GARNER-LEBLANC, CODIE N DDS  
6601 N DAVIS HWY  
STE 8  
PENSACOLA, FL 32504 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           | MGRM                        | Title           | MGRM                      |
| Name            | GARNER-LEBLANC, CODIE N DDS | Name            | LEBLANC, JOSHUA R DDS     |
| Address         | 6601 N DAVIS HWY<br>STE 8   | Address         | 6601 N DAVIS HWY<br>STE 8 |
| City-State-Zip: | PENSACOLA FL 32504          | City-State-Zip: | PENSACOLA FL 32504        |

*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:** CODIE GARNER-LEBLANC

**MANAGING MEMBER**

**02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date