## 2024 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

FILED Feb 06, 2024

**Secretary of State** 

6159102127CC

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name GARNER-LEBLANC, CODIE N DDS Name LEBLANC, JOSHUA R DDS

Address 6601 N DAVIS HWY Address 6601 N DAVIS HWY

STE 8 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.

**MGRM** 

SIGNATURE: CODIE GARNER-LEBLANC