

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000103071

Entity Name: JAX IMPLANTS AND DENTURES, PLLC

Current Principal Place of Business:

11645 BEACH BLVD
#101
JACKSONVILLE, FL 32246

Current Mailing Address:

11645 BEACH BLVD
#101
JACKSONVILLE, FL 32246 US

FEI Number: 85-0822415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSELL, WILLIAM SPENCER
11645 BEACH BLVD
STE 101
JACKSONVILLE, FL 32246 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: WILLIAM RUSSELL

01/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RUSSELL, WILLIAM DMD
Address 11645 BEACH BLVD
#101
City-State-Zip: JACKSONVILLE FL 32246

Title MGR
Name MCREE, ALEX DMD
Address 11645 BEACH BLVD
#101
City-State-Zip: JACKSONVILLE FL 32246

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: ALEX MCREE

MANAGER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date