

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000247831

**Entity Name:** ALEX MCREE DMD LLC

**Current Principal Place of Business:**

1271 E COAST DR  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1271 E COAST DR  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 82-4051856

**Certificate of Status Desired:** No

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

MCREE, ALEX  
1271 E COAST DR  
ATLANTIC BEACH, FL 32233 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 MCREE, ALEX  
Address 1271 E COAST DR  
City-State-Zip: ATLANTIC BEACH FL 32233

*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