

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000503535

**Entity Name:** WOODLING ORAL SURGERY PLLC

**Current Principal Place of Business:**

4220 VALLEY RIDGE BLVD  
STE 102  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

4220 VALLEY RIDGE BLVD  
STE 102  
PONTE VEDRA, FL 32081 US

**FEI Number:** 87-3773831

**Certificate of Status Desired:** No

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

KING, CHRISTINE M  
1515 RIVERSIDE AVE., STE. A  
JACKSONVILLE, FL 32204 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 WOODLING, TYLER DMD  
Address 1422 LAKEWOOD ROAD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** TYLER WOODLING

**OWNER**

**02/23/2024**

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

\_\_\_\_\_  
Date