

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000143279

**Entity Name:** BLACK LAKE DENTAL OFFICE LLC

**Current Principal Place of Business:**

5438 LAND O LAKES BLVD  
LAND O LAKES BLVD, FL 34639

**Current Mailing Address:**

1307 MERRY WATER DRIVE  
LUTZ, FL 33548 US

**FEI Number:** 88-1729859

**Certificate of Status Desired:** No

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

MOORE, JASON  
1307 MERRY WATER DRIVE  
LUTZ, FL 33548 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	AMBR	Title	AMBR
Name	MOORE, JASON	Name	MOORE, BONNIE
Address	1307 MERRY WATER DRIVE	Address	1307 MERRY WATER DRIVE
City-State-Zip:	LUTZ FL 33548	City-State-Zip:	LUTZ FL 33548

*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:** JASON MOORE

**PRESIDENT**

**02/21/2023**

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

\_\_\_\_\_  
Date