

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000471821

Entity Name: JASON CARTER, DMD, PLLC

Current Principal Place of Business:

3612 AUSTIN DAVIS AVENUE
TALLAHASSEE, FL 32308

Current Mailing Address:

3612 AUSTIN DAVIS AVENUE
TALLAHASSEE, FL 32308 US

FEI Number: 92-0913179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROPER LAW
3233 THOMASVILLE ROAD
TALLAHASSEE, FL 32308 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
Name CARTER, JASON
Address 3612 AUSTIN DAVIS AVENUE
City-State-Zip: TALLAHASSEE FL 32308

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 CARTER DMD

OWNER

02/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date