

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000364417

Entity Name: T. MERRELL WILLIAMS D.M.D LLC

Current Principal Place of Business:

11711 GAIL DRIVE
TEMPLE TERRACE, FL 33617

Current Mailing Address:

11711 GAIL DRIVE
TEMPLE TERRACE, FL 33617 US

FEI Number: 93-2697597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVET, FOSTER S
318 EAST MLK BLVDT
TAMPA, FL 33603 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	Title	AMBR
Name	WILLIAMS, TODD	Name	WILLIAMS, JOYCE
Address	11711 GAIL DRIVE	Address	11711 GAIL DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617	City-State-Zip:	TEMPLE TERRACE FL 33617

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: TODD WILLIAMS

MGR

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date