## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007391

Entity Name: SOPHIA PARPIA, D.D.S., P.L.L.C.

**Current Principal Place of Business:** 

777 DOUGLAS AVENUE

ALTAMONTE SPRINGS. FL 32714

**Current Mailing Address:** 

777 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3608958 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARPIA, AMMAN 221 CAPRI COVE PLACE SANFORD, FL 32771 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

**FILED** Apr 12, 2019

**Secretary of State** 

5767659289CC

## Authorized Person(s) Detail:

Title MGRM

Name PARPIA, ASHIFA

Address 221 CAPRI COVE PLACE

City-State-Zip: SANFORD FL 32771

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.

04/12/2019 SIGNATURE: ASHIFA PARPIA **MGRM**