

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000504556

**Entity Name:** LEANNE K TINSLEY DMD, P.L.L.C.

**Current Principal Place of Business:**

10692 SOUTH U.S. 1 SUITE A  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

10692 SOUTH U.S. 1 SUITE A  
PORT ST. LUCIE, FL 34952

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCHULTZ, KERRY ANNE ESQ.  
2779 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 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 TINSLEY, LEANNE K  
Address 10692 SOUTH U.S. 1 SUITE A  
City-State-Zip: PORT ST. LUCIE FL 34952

*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:** TINSLEY , LEANNE K

MGR

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date