## **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000048433

Entity Name: SUNCOAST DENT REMOVAL, INC.

**Current Principal Place of Business:** 

2331 NEKOMA AVENUE NORTH PORT, FL 34288

**Current Mailing Address:** 

2331 NEKOMA AVENUE NORTH PORT. FL 34288 US

FEI Number: 83-0711847 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACKEN, KYLE A 2331 NEKOMA AVENUE NORTH PORT, FL 34288 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 Mar 15, 2021

**Secretary of State** 

7204165107CC

## Officer/Director Detail:

Title P,T,

Name BRACKEN, KYLE A
Address 2331 NEKOMA AVENUE
City-State-Zip: NORTH PORT FL 34288

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KYLE BRACKEN PRESIDENT 03/15/2021