

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018784

**Entity Name:** GALLERIA DENTISTRY, L.C.

**Current Principal Place of Business:**

C/O GERY P. BENZA  
9140 GALLERIA COURT  
NAPLES, FL 34109

**Current Mailing Address:**

C/O GERY P. BENZA  
9140 GALLERIA COURT  
NAPLES, FL 34109

**FEI Number:** 59-3753333

**Certificate of Status Desired:** No

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

KELLY, CHARLES MJR.  
2390 TAMIAMI TR N  
STE 204  
NAPLES, FL 34103 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 MGRM  
Name BENZA, GERY P  
Address 9140 GALLERIA COURT  
City-State-Zip: NAPLES FL 34109

*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:** GERY BENZA

**OWNER/MANAGER**

**02/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date