

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106363

**Entity Name:** INNOVATION DENTISTRY, P.L.

**Current Principal Place of Business:**

9854 TAGORE PLACE  
ORLANDO, FL 32827

**Current Mailing Address:**

9854 TAGORE PLACE  
ORLANDO, FL 32827 US

**FEI Number:** 39-2067055

**Certificate of Status Desired:** No

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

RAMIREZ, SHEILA Y DR.  
9854 TAGORE PLACE  
ORLANDO, FL 32827 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:** SHEILA Y. RAMIREZ

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name MELENDEZ, CARLOS H DR.  
Address 9854 TAGORE PLACE  
City-State-Zip: ORLANDO FL 32827

Title MANAGER  
Name RAMIREZ, SHEILA Y DR.  
Address 9854 TAGORE PLACE  
City-State-Zip: ORLANDO FL 32827

*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:** SHEILA Y. RAMIREZ

MANAGER

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date