

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007703

**Entity Name:** CENTRAL FLORIDA DENTAL & IMPLANTS LLC

**Current Principal Place of Business:**

407 WEKIVA SPRINGS RD  
SUITE 119  
LONGWOOD, FL 32791

**Current Mailing Address:**

1321 APOPKA AIRPORT RD UNIT G  
APOPKA, FL 32712 US

**FEI Number:** 26-4127634

**Certificate of Status Desired:** No

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

JOHARY, C F  
1321 APOPKA AIRPORT RD UNIT G  
APOPKA, FL 32712 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	Title	MGR
Name	JOHARY, C F	Name	JOHARY, SONIA
Address	1321 APOPKA AIRPORT RD UNIT G	Address	1321 APOPKA AIRPORT RD UNIT G
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712

*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:** CF JOHARY

MGR

07/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date