

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000076480

Entity Name: DENTAL DEVELOPMENT SYSTEMS, LLC**Current Principal Place of Business:**500 EAST BROWARD BOULEVARD,
SUITE 1710
FORT LAUDERDALE, FL 33394**Current Mailing Address:**500 EAST BROWARD BOULEVARD,
SUITE 1710
FORT LAUDERDALE, FL 33394 US**FEI Number:** 27-0712698**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SILVERBERG & WEISS, P.A.
2665 EXECUTIVE PARK DRIVE, SUITE #2
WESTON, FL 33331 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 SOLAN, WAYNE RCEO
Address 2127 SW 1ST CT
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM
Name SOLAN, WAYNE
Address 2127 SW 1ST COURT
City-State-Zip: FORT LAUDERDALE FL 33312

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Name SOLAN, WAYNE
Address 2127 SW 1ST COURT
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Title MGRM
Name SOLAN, WAYNE
Address 2127 SW 1ST COURT
City-State-Zip: FORT LAUDERDALE FL 33312

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: WAYNE SOLAN

CHAIRMAN

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date