

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053792

**Entity Name:** BABCOCK DENTAL CENTER LLC

**Current Principal Place of Business:**

4711 BABCOCK ST NE  
UNIT 28  
PALM BAY, FL 32905

**Current Mailing Address:**

4711 BABCOCK ST NE  
UNIT 28  
PALM BAY, FL 32905 US

**FEI Number:** 27-2715915

**Certificate of Status Desired:** No

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

QUADRI, SYED Z  
2090 PALM BAY ROAD NE  
PALM BAY, FL 32905 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  
Name QUADRI, SYED Z  
Address 3073 BELLWIND CIR  
City-State-Zip: ROCKLEDGE FL 32955

*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:** SYED QUADRI

**MANAGER**

**01/16/2020**

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

\_\_\_\_\_  
Date