

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074032

**Entity Name:** SORRISO DENTAL STUDIO, LLC

**Current Principal Place of Business:**

420 CENTRAL AVE  
SARASOTA, FL 34236

**Current Mailing Address:**

420 CENTRAL AVE  
SARASOTA, FL 34236

**FEI Number:** 27-2916282

**Certificate of Status Desired:** No

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

GOLDSMITH, STANLEY A  
4900 BRIDGEHAMPTON BOULEVARD  
SARASOTA, FL 34238 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:** STANLEY A GOLDSMITH

04/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT, SECRETARY,  
TREASURER  
Name DRAKE, SAMANTHA G  
Address 420 CENTRAL AVE  
City-State-Zip: SARASOTA FL 34236

Title AUTHORIZED REPRESENTATIVE,  
ASST. SECRETARY, ASST.  
TREASURER  
Name NALLY, CYNTHIA L  
Address 341 68TH TERR S APT G  
City-State-Zip: ST PETERSBURG FL 33123

*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:** SAMANTHA G. DRAKE (SAG)

MANAGER

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date