

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127993

**Entity Name:** PREMIERE DENTAL CARE, PL

**Current Principal Place of Business:**

600 SOUTH DIXIE HIGHWAY  
SUITE NO. 105  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

600 SOUTH DIXIE HIGHWAY  
SUITE NO. 105  
WEST PALM BEACH, FL 33401

**FEI Number:** 27-4258449

**Certificate of Status Desired:** No

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

SHOCHET, RANDALL ESQ.  
4897 JOG ROAD  
GREENACRES, FL 33467 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 SUNRISE DENTAL, PA  
Address 313 NORTHEAST 211 TERRACE  
City-State-Zip: MIAMI FL 33179

*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:** TIN WAI HUI

**MGR**

**04/29/2024**

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

\_\_\_\_\_  
Date