

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048007

**Entity Name:** TIFFANY BERKSHIRE IRAHETA, LLC

**Current Principal Place of Business:**

14550 BISCAYNE BLVD  
N. MIAMI BCH, FL 33181

**Current Mailing Address:**

14550 BISCAYNE BLVD  
N. MIAMI BCH, FL 33181 US

**FEI Number: 46-5357070**

**Certificate of Status Desired: No**

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

BISCAYNE DENTAL CENTER, INC  
14550 BISCAYNE BLVD  
N. MIAMI BCH, FL 33181 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: MARIO E IRAHETA**

**05/01/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TIFFANY BERKSHIRE IRAHETA  
Address 14550 BISCAYNE BLVD  
City-State-Zip: N. MIAMI BCH FL 33181

*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: TIFFANY BERKSHIRE IRAHETA**

**MGRM**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date