

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160790

Entity Name: TAPESTRY ORAL HEALTH, LLC

Current Principal Place of Business:

10955 LOST LAKE DR.,
APT 403
NAPLES, FL 34105

Current Mailing Address:

10955 LOST LAKE DR.,
APT 403
NAPLES, FL 34105 US

FEI Number: 46-1641214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OUTLAN, KRISTIN E DR.
10955 LOST LAKE DR.,
APT 403
NAPLES, FL 34105 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: KRISTIN OUTLAN

04/28/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name OUTLAN, KRISTIN E DR.
Address 10955 LOST LAKE DR.,
APT 403
City-State-Zip: NAPLES FL 34105

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: KRISTIN OUTLAN

OWNER MANAGER

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date