# 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: RICHARD BAUER

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

04/26/2022 Date

Certificate of Status Desired: No

WEST PALM BEACH, FL 33401 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: ERICA ELLIOTT

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGR
Name	BAUER, RICHARD
Address	300 COLONIAL LANE
City-State-Zip:	PALM BEACH FL 33480

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L13000074448

Entity Name: FAMILY & COSMETIC DENTISTRY OF THE PALM BEACHES, LLC

**Current Principal Place of Business:** 

300 COLONIAL LANE PALM BEACH, FL 33480

#### **Current Mailing Address:**

300 COLONIAL LANE PALM BEACH, FL 33480 US

#### FEI Number: 46-2826111

ELLIOTT, ERICA 777 S FLAGLER DRIVE SUITE 800WEST

## Name and Address of Current Registered Agent:

04/26/2022

### FILED Apr 26, 2022 Secretary of State 8058452779CC