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

SIGNATURE: NORBERT D SCHMITT

Current Principal Place of Business: 6148 ANTIGUA WAY

Current Mailing Address:

6148 ANTIGUA WAY NAPLES. FL 34113 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

GALBRAITH STATUTORY AGENT, LLC 999 VANDERBILT BEACH RD. SUITE 509 NAPLES, FL 34108 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: BRAD A, GALBRAITH

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM SCHMITT, NORBERT D Name Address 6148 ANTIGUA WAY City-State-Zip: NAPLES FL 34113

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.

MGRM

Entity Name: NORBERT D. SCHMITT, D.D.S., DENTAL CONSULTANT, LLC

NAPLES. FL 34113

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000088371

Certificate of Status Desired: No

03/05/2023 Date

Date

03/05/2023

FILED Mar 05, 2023 Secretary of State 5428902234CC

Electronic Signature of Signing Authorized Person(s) Detail