

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000131909

**Entity Name:** SANIBEL ISLAND DENTAL, LLC

**Current Principal Place of Business:**

6120 WINKLER ROAD SUITE I  
FORT MYERS, FL 33919

**Current Mailing Address:**

6120 WINKLER ROAD SUITE I  
FORT MYERS, FL 33919 US

**FEI Number:** 46-3679300

**Certificate of Status Desired:** No

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

DAVIS, MATTHEW  
6120 WINKLER ROAD SUITE I  
FORT MYERS, FL 33919 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:** MATTHEW DAVIS

04/27/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DAVIS, MATTHEW  
Address 6120 WINKLER ROAD SUITE I  
City-State-Zip: FORT MYERS FL 33919

*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:** MATTHEW DAVIS

MGRM

04/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date