

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014445

**Entity Name:** BOCA DENTAL SUPPLY, LLC

**Current Principal Place of Business:**

3401 N. FEDERAL HHWY  
202  
BOCA RATON, FL 33431

**Current Mailing Address:**

3401 N. FEDERAL HHWY  
202  
BOCA RATON, FL 33431 US

**FEI Number:** 46-4745953

**Certificate of Status Desired:** No

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

BETANCUR, ALVARO  
3401N. FEDERAL HWY  
202  
BOCA RATON, FL 33431 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:** ALVARO BETANCUR

02/06/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BETANCUR, ALVARO DR.  
Address 3401 N. FEDERAL HHWY  
202  
City-State-Zip: BOCA RATON FL 33431

*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:** ALVARO BETANCUR

AUTHORIZED MANAGER

02/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date