

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066259

**Entity Name:** TRANSITION WHALE, LLC

**Current Principal Place of Business:**

4380 OAKES ROAD  
SUITE 814  
DAVIE, FL 33314

**Current Mailing Address:**

4380 OAKES ROAD  
SUITE 814  
DAVIE, FL 33314 US

**FEI Number:** 46-5467890

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                                   |                 |                        |
|-----------------|-----------------------------------|-----------------|------------------------|
| Title           | AUTHORIZED MEMBER                 | Title           | AUTHORIZED PERSON      |
| Name            | DENTAL WHALE, LLC                 | Name            | MASSON, ERIC           |
| Address         | 13621 NW 12TH STREET<br>SUITE 120 | Address         | SUITE 120 6572 HWY. 92 |
| City-State-Zip: | SUNRISE FL 33323                  | City-State-Zip: | ACWORTH GA 30102       |

*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:** ERIC MASSON

**AUTHORIZED PERSON**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date