

2023 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 REPRESENTATIVE |
| Name | DENTAL WHALE, LLC | Name | MASSON, ERIC |
| Address | 13621 NW 12TH STREET SUITE 130 | Address | 13621 NW 12TH ST. SUITE 130 |
| City-State-Zip: | SUNRISE FL 33323 | City-State-Zip: | SUNRISE, FL 33323 |

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

AUTHORISED SIGNER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date