

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000127060

**Entity Name:** MASTER DENTAL GROUP LLC

**Current Principal Place of Business:**

13993 SW 42ND STREET  
DAVIE, FL 33330

**Current Mailing Address:**

13993 SW 42ND STREET  
DAVIE, FL 33330 US

**FEI Number:** 47-4713312

**Certificate of Status Desired:** No

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

VARESANO, VICENTE  
13993 SW 42ND ST  
DAVIE, FL 33330 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	MGR	Title	MGR
Name	VARESANO, VICENTE	Name	BELISARIO, NATHALIE
Address	13993 SW 42ND ST	Address	13993 SW 42ND ST
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

*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:** VICENTE VARESANO

**MGT**

**01/12/2023**

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

\_\_\_\_\_  
Date