

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000139054

Entity Name: DS DENTAL CARE, LLC**Current Principal Place of Business:**2100 E HALLANDALE BEACH BLVD
SUITE # 304
HALLANDALE BEACH, FL 33009**Current Mailing Address:**2100 E HALLANDALE BEACH BLVD
SUITE # 304
HALLANDALE BEACH, FL 33009 US**FEI Number:** 47-4843253**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTANA, DANIA
2100 E HALLANDALE BEACH BLVD
SUITE # 304
HALLANDALE BEACH, FL 33009 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:** DANIA SANTANA

05/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	VP
Name	SANTANA, DANIA	Name	MASS, JAVIER
Address	2100 E HALLANDALE BEACH BLVD SUITE # 304	Address	2100 E HALLANDALE BEACH BLVD SUITE # 304
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009

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: DANIA SANTANA

MGR

05/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date