

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000162780

**Entity Name:** ALTA DENTAL LABORATORY LLC

**Current Principal Place of Business:**

2981 W SR 434,  
SUITE 400  
LONGWOOD, FL 32779

**Current Mailing Address:**

1714 SHADYREST COURT  
LAKE MARY, FL 32746 US

**FEI Number:** 47-5163302

**Certificate of Status Desired:** No

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

SANDOVAL, LEONIDES  
1714 SHADYREST COURT  
LAKE MARY, FL 32746 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            AMBR  
Name            SANDOVAL, MARIA C  
Address        1714 SHADYREST COURT  
City-State-Zip: LAKE MARY FL 32746

Title            AMBR  
Name            SANDOVAL, JOSE  
Address        1714 SHADYREST COURT  
City-State-Zip: LAKE MARY FL 32746

Title            PRESIDENT  
Name            SANDOVAL, LEONIDES DR.  
Address        1714 SHADYREST CT  
City-State-Zip: LAKE MARY FL 32746

*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:** LEONIDES SANDOVAL

**PRESIDENT**

**01/20/2022**

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

\_\_\_\_\_  
Date