

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