

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000213022

**Entity Name:** DENTAL PROFESSION LLC

**Current Principal Place of Business:**

12360 SW 132 CT  
SUITE 110  
MIAMI, FL 33186

**Current Mailing Address:**

12360 SW 132 CT  
SUITE 110  
MIAMI, FL 33186 US

**FEI Number:** 81-0943747

**Certificate of Status Desired:** No

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

HENAO, JUAN DAVID SR.  
12360 SW 132 CT  
SUITE 110  
MIAMI, FL 33186 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:** JUAN DAVID HENAO

06/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HENAO, JUAN D SR.  
Address        12360 SW 132 CT  
                  SUITE 110  
City-State-Zip: MIAMI FL 33186

*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:** JUAN D HENAO

PRESIDENT

06/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date