

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000104428

**Entity Name:** DENTAL PASSPORT, LLC

**Current Principal Place of Business:**

519 SPRINGHILL AVE  
WILMINGTON, DE 19809

**Current Mailing Address:**

519 SPRINGHILL AVE  
WILMINGTON, DE 19809 US

**FEI Number: 82-1852543**

**Certificate of Status Desired: No**

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

BRAIMAN, KENNETH  
798 SHIPWATCH DRIVE EAST  
JACKSONVILLE, FL 32225 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  
Name BRAIMAN, KENNETH  
Address 798 SHIPWATCH DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32225

*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: KENNETH BRAIMAN**

**MGR**

**05/11/2023**

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

\_\_\_\_\_ Date