

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000126935

Entity Name: DENTAL ASSISTING INSTITUTE OF MELBOURNE, LLC

Current Principal Place of Business:

2186 HARRIS AVE NE
#3
PALM BAY, FL 32905

Current Mailing Address:

P.O. BOX 33402
INDIALANTIC, FL 32903 US

FEI Number: 82-5242522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERICKSON, MICHAEL R
620 OAK RIDGE DRIVE
INDIALANTIC, FL 32903 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	Title	MGR
Name	ERICKSON, DIANNE M	Name	ERICKSON, MICHAEL R
Address	620 OAK RIDGE DRIVE	Address	620 OAK RIDGE DRIVE
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

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: MICHAEL ERICKSON

MANAGER

01/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date