

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000172747

Entity Name: DENTALPERIOCARE LLC

Current Principal Place of Business:

3400 DAVIE ROAD
APT#102
DAVIE, FL 33314

Current Mailing Address:

3400 DAVIE ROAD
APT#102
DAVIE, FL 33314 US

FEI Number: 82-2476412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARLADE & SCHAEFER CPA PA
3400 DAVIE ROAD
#102
DAVIE, FL 33314 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: JAIME L PARLADE

04/19/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PORRAS, JOSE RAFAEL SR.
Address 3400 DAVIE ROAD
City-State-Zip: DAVIE FL 33314

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: PORRAS , JOSE RAFAEL , SR.

AUTHORIZED PERSON

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date