

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000054707

**Entity Name:** TORO DENTAL, PLLC

**Current Principal Place of Business:**

5420 WEBB ROAD  
SUITE D-1  
TAMPA, FL 33615

**Current Mailing Address:**

9117 FOX SPARROW ROAD  
TAMPA, FL 33626 US

**FEI Number:** 82-4746169

**Certificate of Status Desired:** No

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

EDGARDO, TORO  
9117 FOX SPARROW ROAD  
TAMPA, FL 33626 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:** EDGARDO TORO

02/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name TORO, EDGARDO  
Address 9117 FOX SPARROW ROAD  
City-State-Zip: TAMPA FL 33626

*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:** EDGARDO TORO

MEMBER

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date