

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000091962

**Entity Name:** CHOICE DENTAL LLC

**Current Principal Place of Business:**

661 E. ALTAMONTE DR.  
STE. 213  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

661 E. ALTAMONTE DR.  
STE. 213  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 82-5211650

**Certificate of Status Desired:** No

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

QADRI, SAMEERA A  
661 E. ALTAMONTE DR.  
STE. 213  
ALTAMONTE SPRINGS, FL 32701 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:** SAMEERA A QADRI

01/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SEC  
Name QADRI, SYED I  
Address 661 E. ALTAMONTE DR.  
STE. 213  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** SYED I QADRI

**OWNER**

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date