

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000141063

**Entity Name:** EMBRACE ORTHODONTICS LLC

**Current Principal Place of Business:**

404 N 4TH ST.  
ODESSA, MO 64076

**Current Mailing Address:**

404 N 4TH ST.  
ODESSA, MO 64076 US

**FEI Number: 83-0836158**

**Certificate of Status Desired: No**

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

NAON AND CO LLC  
2450 HOLLYWOOD BLVD  
200B  
HOLLYWOOD, FL 33020 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            AMBR  
Name            NAON, SARAH Y  
Address        404 N 4TH ST.  
City-State-Zip: ODESSA MO 64076

*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: SARAH NAON**

**PRESIDENT**

**01/30/2024**

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

\_\_\_\_\_  
Date