

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000173841

Entity Name: DENTAL PROFESSIONAL SERVICES LLC

Current Principal Place of Business:

4730 BAYPOINT ROAD
MIAMI, FL 33137

Current Mailing Address:

CALLE RIO COCAL
C-2 RIO HONDO
BAYAMON, PR 00961 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTALIZ, JAVIER
888 BISCAYNE BLVD UNIT 5007
MIAMI, FL 33132 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
Name SANTALIZ, JAVIER
Address 888 BISCAYNE BLVD UNIT 5007
City-State-Zip: MIAMI FL 33132

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: JAVIER SANTALIZ

MGR

06/30/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date