

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000173841

Entity Name: DENTAL PROFESSIONAL SERVICES LLC

Current Principal Place of Business:

3650 NW 82ND ST
DORAL, FL 33166

Current Mailing Address:

CALLE RIO COCAL C -2 RIO HONDO
BAYAMON, PUERTO RICO 00961 PR

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTALIZ, JAVIER
3650 NW 82 AVE
412
DORAL, FL 33166 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 | Title | AUTHORIZED MEMBER |
| Name | SANTALIZ, JAVIER | Name | ZENAIDA , FREYTES |
| Address | 888 BISCAYNE BLVD | Address | 4325 NW 82ND AVE 412 |
| City-State-Zip: | MIAMI 33132 | City-State-Zip: | DORAL FL 33166 |

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

MEMBER

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date