

2023 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

MGR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date