

**2021 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 4803  
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

04/30/2021

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

\_\_\_\_\_  
Date