

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000175395

Entity Name: RAIKEN ENDODONTICS LLC

Current Principal Place of Business:

899 NORTH ORANGE AVENUE
#501
ORLANDO, FL 32801

Current Mailing Address:

899 NORTH ORANGE AVENUE
#501
ORLANDO, FL 32801 US

FEI Number: 83-1327234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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 RAIKEN, ALEXANDER
Address 899 NORTH ORANGE AVENUE
 #501
City-State-Zip: ORLANDO FL 32801

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: ALEXANDER RAIKEN

AMBR

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date