

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000253244

**Entity Name:** DENTAL PEEPS, LLC

**Current Principal Place of Business:**

1377 NW 40TH AVE  
#1001  
LAUDERHILL, FL 33313

**Current Mailing Address:**

1377 NW 40TH AVE  
#1001  
LAUDERHILL, FL 33313 UN

**FEI Number:** 83-2439796

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DENTAL PEEPS STRONG LLC  
7860 W COMMERCIAL BLVD SUITE 200 #558  
SUITE 200 #558  
LAUDERHILL, FL 33351 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 DENTAL PEEPS STRONG LLC  
Address 7860 W COMMERCIAL BLVD  
SUITE 200 #558  
City-State-Zip: LAUDERHILL FL 33351

Title MGR  
Name ROSE, KASI A  
Address 50 FARNHAM C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name ROSE, PHILIP E JR.  
Address 50 FARNHAM C  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** PHILIP ROSE

MGR

04/29/2021

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

\_\_\_\_\_  
Date