

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255000

**Entity Name:** ELEVEN DENTISTRY LLC

**Current Principal Place of Business:**

1920 E HALLANDALE BEACH BLVD,  
SUITE 701  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1920 E HALLANDALE BEACH BLVD,  
SUITE 701  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 83-2430859

**Certificate of Status Desired:** No

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

GRANT, GARY  
1920 E HALLANDALE BEACH BLVD,  
SUITE 701  
HALLANDALE BEACH, FL 33009 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 CEO  
Name GORODOVA, SVETLANA  
Address 1920 E HALLANDALE BEACH BLVD,  
SUITE 701  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MBR  
Name GORODOVA, SVETLANA  
Address 1920 E HALLANDALE BEACH BLVD,  
SUITE 701  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MBR  
Name POPAZOGLO, MIHAIL  
Address 1920 E HALLANDALE BEACH BLVD,  
SUITE 701  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** SVETLANA GORODOVA

MBR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date