

2020 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

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: GORODOVA , SVETLANA

MBR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date