

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000259730

Entity Name: LAKE NONA DENTAL IMPLANTS AND PERIODONTICS, PLLC**Current Principal Place of Business:**3129 SOMERSET PARK DRIVE
ORLANDO, FL 32824**Current Mailing Address:**3129 SOMERSET PARK DRIVE
ORLANDO, FL 32824 US**FEI Number:** 83-2550792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIRES, CARLOS ALBERTO SOARES
3129 SOMERSET PARK DRIVE
ORLANDO, FL 32824 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:** CARLOS ALBERTO SOARES PIRES

04/25/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SOARES PIRES, CARLOS ALBERTO DMD, MSD
Address	3129 SOMERSET PARK DRIVE
City-State-Zip:	ORLANDO FL 32824

Title	BUSINESS MANAGER
Name	FIEDLER-PIRES, KAREN INGRID
Address	3129 SOMERSET PARK DRIVE
City-State-Zip:	ORLANDO FL 32824

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: CARLOS ALBERTO SOARES PIRES

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date