

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000268351

**Entity Name:** REFLECTIONS DENTAL PLLC

**Current Principal Place of Business:**

891 RENMAR DRIVE  
PLANTATION, FL 33317

**Current Mailing Address:**

891 RENMAR DRIVE  
PLANTATION, FL 33317

**FEI Number: 83-2609547**

**Certificate of Status Desired: No**

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

CORREA-PINTO, RAFAELLA  
891 RENMAR DRIVE  
PLANTATION, FL 33317 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	PRESIDENT	Title	AUTHORIZED MEMBER
Name	CORREA-PINTO, RAFAELLA	Name	CORREA-PINTO, RACHEL
Address	891 RENMAR DRIVE	Address	891 RENMAR DRIVE
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

*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: RAFAELLA CORREA-PINTO**

**PRESIDENT**

**04/24/2023**

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

\_\_\_\_\_  
Date