

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000036368

**Entity Name:** RELIABLE ARTS DENTAL LABORATORY, LLC**Current Principal Place of Business:**6955 NW 52ND STREET  
SUITE 1  
MIAMI, FL 33166**Current Mailing Address:**2700 S. MEMORIAL PARKWAY  
HUNTSVILLE, AL 35801 US**FEI Number:** 83-3631359**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NOVOA, STEVE ESQ.  
6955 NW 52ND STREET  
SUITE 1  
MIAMI, FL 33166 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:** STEVE NOVOA

01/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	WINSTEAD, THOMAS
Address	2700 S. MEMORIAL PARKWAY
City-State-Zip:	HUNTSVILLE AL 35801

Title	AMBR
Name	WINSTEAD, MATT
Address	2700 S. MEMORIAL PARKWAY
City-State-Zip:	HUNTSVILLE AL 35801

Title	AMBR
Name	WINSTEAD, PAM
Address	2700 S. MEMORIAL PARKWAY
City-State-Zip:	HUNTSVILLE AL 35801

Title	CFO
Name	JONES, SHAWN
Address	2700 S. MEMORIAL PARKWAY
City-State-Zip:	HUNTSVILLE AL 35801

*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:** SHAWN JONES

CFO

01/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date