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

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

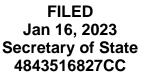
Current Mailing Address:

2700 S. MEMORIAL PARKWAY HUNSTVILLE, AL 35801 US

FEI Number: 83-3631359

Name and Address of Current Registered Agent:

NOVOA, STEVE ESQ. 6955 NW 52ND STREET SUITE 1 MIAMI, FL 33166 US



Certificate of Status Desired: Yes

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	E: STEVE NOVOA			01/16/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	WINSTEAD, THOMAS	Name	WINSTEAD, MATT	
Address	2700 S. MEMORIAL PARKWAY	Address	2700 S. MEMORIAL PARKWAY	
City-State-Zip:	HUNSTVILLE AL 35801	City-State-Zip:	HUNTSVILLE AL 35801	
Title	AMBR	Title	CFO	
Name	WINSTEAD, PAM	Name	JONES, SHAWN	
Address	2700 S. MEMORIAL PARKWAY	Address	2700 S. MEMORIAL PARKWAY	
City-State-Zip:	HUNTSVILLE AL 35801	City-State-Zip:	HUNSTVILLE AL 35801	