

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000139359

Entity Name: TOWN CENTER DENTISTRY, PLLC

Current Principal Place of Business:

2499 GLADES RD.
STE 204
BOCA RATON, FL 33431

Current Mailing Address:

2499 GLADES RD.
STE 204
BOCA RATON, FL 33431

FEI Number: 84-1957679

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BETANCUR, ALVARO
2499 GLADES RD.
SUITE 204
BOCA RATON, FL 33431 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: ALVARO BETANCUR

04/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BRIGITTE, CARDONA
Address 2499 GLADES RD. SUITE 204
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER
Name GASCA, ELIZABETH
Address 2499 GLADES RD SUITE 204
City-State-Zip: BOCA RATON FL 33431

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: BRIGITTE CARDONA

MANAGER

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date