2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2024
Secretary of State
7831024295CC

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Entity Name: CORTES DENTAL CLINIC LLC

Current Principal Place of Business:

1717 N BAYSHORE DR APT 2952
MIAMI, FL 33132

Current Mailing Address:

1717 N BAYSHORE DR APT 2952
MIAMI, FL 33132 US

FEI Number: 84-2105322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORTES FONTANET, RAISA
1717 N BAYSHORE DR APT 2952
MIAMI, FL 33132 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	MGR
Name	CORTES FONTANET, RAISA
Address	1717 N BAYSHORE DR APT 2952
City-State-Zip:	MIAMI FL 33132

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: RAISA CORTES FONTANET 03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date