**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 03, 2020**
**Secretary of State**
**9662755655CC**

DOCUMENT# L19000159242

**Entity Name:** TOTAL DENTAL CARE LLC

**Current Principal Place of Business:**

850 SW 2 AVE
APT 1002
MIAMI, FL 33130

**Current Mailing Address:**

850 SW 2 AVE APT 1002
MIAMI, FL 33130

**FEI Number: 84-2105322**

**Certificate of Status Desired:** No

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

CORTES FONTANET, RAISA
850 SW 2 AVE
APT 1002
MIAMI, FL 33130 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 | 850 SW 2 AVE APT 1002 |
| City-State-Zip: | MIAMI FL 33130 |

*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 PRESIDENT 03/03/2020

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