

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000081833

**Entity Name:** AMERI-DENT DENTAL LABORATORY LLC

**Current Principal Place of Business:**

13529 PRESTIGE PL, SUITE 112  
TAMPA, FL 33635

**Current Mailing Address:**

13529 PRESTIGE PL, SUITE 112  
TAMPA, FL 33635 US

**FEI Number:** 85-0542122

**Certificate of Status Desired:** Yes

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

REGA, RALPH J  
13529 PRESTIGE PL, SUITE 112  
TAMPA, FL 33635 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:** RALPH J REGA

02/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name REGA, RALPH JOSEPH  
Address 13529 PRESTIGE PL, SUITE 112  
City-State-Zip: TAMPA FL 33635

Title AMBR  
Name ORFANIDIS, JOHN  
Address 13529 PRESTIGE PL, SUITE 112  
City-State-Zip: TAMPA FL 33635

Title AMBR  
Name CHUN, SUNG  
Address 13529 PRESTIGE PL, SUITE 112  
City-State-Zip: TAMPA FL 33635

*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:** RALPH JOSEPH REGA

MEMBER

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date