

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000214217

**Entity Name:** ALBA M PENA DDS PLLC

**Current Principal Place of Business:**

420 N ALEXANDER STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

420 N ALEXANDER STREET  
PLANT CITY, FL 33563

**FEI Number:** 85-2241682

**Certificate of Status Desired:** No

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

PENA, ALBA M  
420 N ALEXANDER STREET  
PLANT CITY, FL 33563 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 PENA, ALBA M  
Address 420 N ALEXANDER STREET  
City-State-Zip: PLANT CITY FL 33563

*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:** ALBA PENA

MGR

02/13/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date