

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000333650

Entity Name: BONES DENT REPAIR LLC

Current Principal Place of Business:

5010 SUNSET BLVD
FORT PIERCE, FL 34982

Current Mailing Address:

5010 SUNSET BLVD
FORT PIERCE, FL 34982 US

FEI Number: 85-3787101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATRAMBONE, JAMES
5010 SUNSET BLVD
FORT PIERCE, FL 34982 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	Title	MGR
Name	CATRAMBONE, JAMES	Name	CATRAMBONE, LAURA L
Address	5010 SUNSET BLVD	Address	5010 SUNSET BLVD
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34982

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: JAMES CATRAMBONE

OWNER

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date