

**2021 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:** 91-0742148

**Certificate of Status Desired:** Yes

**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**

**03/14/2021**

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

\_\_\_\_\_  
Date