

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000371164

**Entity Name:** PURFECT PUPPY DENTAL, LLC

**Current Principal Place of Business:**

355 EMORY DR  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

355 EMORY DRIVE  
DAYTONA BEACH, FL 32118 US

**FEI Number:** 85-4214465

**Certificate of Status Desired:** No

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

SAMAAN, CONSTANTINA  
355 EMORY DR  
DAYTONA BEACH, FL 32118 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 SAMAAN, CONSTANTINA  
Address 355 EMORY DR  
City-State-Zip: DAYTONA BEACH FL 32118

*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:** SAMAAN, CONSTANTINA

**OWNER**

**04/05/2023**

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

\_\_\_\_\_  
Date