

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000376834

**Entity Name:** ENDODONTICS 2, PLLC

**Current Principal Place of Business:**

320 TOWN PLAZA AVE SUITE 140  
PONTE VEDRA BEACH, FL 32081

**Current Mailing Address:**

320 TOWN PLAZA AVE SUITE 140  
PONTE VEDRA BEACH, FL 32081 US

**FEI Number:** 85-4275411

**Certificate of Status Desired:** No

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

PEINADO, DANIELLA DR.  
13241 BARTRAM PARK BLVD  
SUITE 1601  
JACKSONVILLE, FL 32258 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 PEINADO, DANIELLA DR  
Address 13241 BARTRAM PARK BLVD, SUITE  
1601  
City-State-Zip: JACKSONVILLE FL 32258

*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:** DANIELLA PEINADO

MGR

02/06/2024

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

\_\_\_\_\_ Date