

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000005768

**Entity Name:** SOLUTION DENTAL CLINIC, LLC

**Current Principal Place of Business:**

1975 W 76TH ST  
HIALEAH, FL 33014

**Current Mailing Address:**

1975 W 76TH ST  
HIALEAH, FL 33014 US

**FEI Number:** 86-1456409

**Certificate of Status Desired:** No

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

MARTINEZ, IRIS  
1975 W 76TH ST  
HIALEAH, FL 33014 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:** IRIS MARTINEZ

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ONATE, MARIO ALBERTO  
Address 1975 W 76TH ST  
City-State-Zip: HIALEAH FL 33014

Title MGR  
Name DE JESUS FERDINAND, NOEL  
Address 1975 W 76TH ST  
City-State-Zip: HIALEAH FL 33014

Title AMBR  
Name MARTINEZ, IRIS  
Address 1975 W 76TH ST  
City-State-Zip: HIALEAH FL 33014

*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:** IRIS MARTINEZ

AMBR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date