

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000025278

**Entity Name:** TB DENTAL LLC

**Current Principal Place of Business:**

456 W OAK RIDGE RD  
102  
ORLANDO, FL 32809

**Current Mailing Address:**

456 W OAK RIDGE RD  
102  
ORLANDO, FL 32809 US

**FEI Number:** 86-1371323

**Certificate of Status Desired:** No

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

TRECU BENCOMO, SUSANA  
456 W OAK RIDGE RD  
102  
ORLANDO, FL 32809 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            PRESIDENT  
Name            TRECU BENCOMO, SUSANA  
Address        456 W OAK RIDGE RD  
                  102  
City-State-Zip: ORLANDO FL 32809

Title            VP  
Name            RODRIGUEZ VENTO, DAVID J  
Address        456 W OAK RIDGE RD  
                  102  
City-State-Zip: ORLANDO FL 32809

*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:** SUSANA TRECU BENCOMO

**PRESIDENT**

**02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date