

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000029474

Entity Name: HAKA DENTAL LLC

Current Principal Place of Business:

139 SW PORT ST LUCIE BLVD SUITE A
PORT ST. LUCIE, FL 34984

Current Mailing Address:

139 SW PORT ST LUCIE BLVD SUITE A
PORT ST. LUCIE, FL 34984 US

FEI Number: 86-1503961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMANZAR, HANS
139 SW PORT ST LUCIE BLVD
SUITE A
PORT ST. LUCIE, FL 34984 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 AR
Name ALMANZAR, HANS
Address 139 SW PORT ST LUCIE BLVD
SUITE A
City-State-Zip: PORT ST. LUCIE FL 34984

Title AR
Name ALMANZAR, KELSI
Address 139 SW PORT ST LUCIE BLVD
SUITE A
City-State-Zip: PORT ST. LUCIE FL 34984

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: KELSI ALMANZAR

AR

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date