

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000029474

**Entity Name:** HAKA DENTAL LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

139 SW PORT ST LUCIE BLVD  
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  
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  
City-State-Zip: PORT ST. LUCIE FL 34984

Title AR  
Name ALMANZAR, KELSI  
Address 139 SW PORT ST LUCIE BLVD  
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

**MANGER**

**02/24/2022**

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

\_\_\_\_\_  
Date