2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2024
Secretary of State
9039888803CC

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Entity Name: NORTHWEST DENTAL LAB LLC

Current Principal Place of Business:

2500 N UNIVERSITY DR #15R
SUNRISE, FL 33322

Current Mailing Address:

2500 N UNIVERSITY DR #15R
SUNRISE, FL 33322 US

FEI Number: 86-2191389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPITZ, ABRAHAM
2500 N UNIVERSITY DR #15R
SUNRISE, FL 33322 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	AMBR	Title	AMBR
Name	SPITZ, ABRAHAM	Name	MILO, SHELDON
Address	2500 N UNIVERSITY DR #15R	Address	2500 N UNIVERSITY DR #15R
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322
Title	AMBR	Title	AMBR
Name	MILO, JOSEPH	Name	MICHEL, FREDERICK J
Address	2500 N UNIVERSITY DR #15R	Address	2500 N UNIVERSITY DR #15R
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322

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: ABRAHAM SPITZ — AUTHORIZED SIGNATORY — 02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date