

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000107745

Entity Name: LIGA FAMILY DENTAL, LLC

Current Principal Place of Business:

732 SERVIA DRIVE
SAINT JOHNS, FL 32259

Current Mailing Address:

732 SERVIA DRIVE
SAINT JOHNS, FL 32259 US

FEI Number: 86-2670133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GURGEL DO AMARAL, LILIAN
732 SERVIA DRIVE
SAINT JOHNS, FL 32259 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
Name GURGEL DO AMARAL, LILIAN
Address 732 SERVIA DRIVE
City-State-Zip: SAINT JOHNS FL 32259

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: LILIAN GURGEL DO AMARAL

LILIAN AMARAL

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date