

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000157728

**Entity Name:** VILLAGE OAKS DENTAL, PLLC

**Current Principal Place of Business:**

6150 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504

**Current Mailing Address:**

6150 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504

**FEI Number: 86-3563885**

**Certificate of Status Desired: Yes**

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

BURNS, SOMMER  
6150 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504 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 MGR  
Name TREDWAY, MONTE  
Address 6150 VILLAGE OAKS DRIVE  
City-State-Zip: PENSACOLA FL 32504

*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: MONTE TREDWAY**

**OWNER**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date