

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000363112

**Entity Name:** URRUCHI SMILE CARE PLLC

**Current Principal Place of Business:**

2903 NE 163RD ST  
APT.608  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

2903 NE 163RD ST  
APT.608  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 87-2231989

**Certificate of Status Desired:** No

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

URRUCHI, ANGELA PAOLA  
2903 NE 163RD ST  
APT.608  
NORTH MIAMI BEACH, FL 33160 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 URRUCHI, ANGELA PAOLA  
Address 17150 NORTH BAY ROAD, APT 2602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ANGELA PAOLA URRUCHI

**OWNER**

**02/06/2023**

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

\_\_\_\_\_  
Date