

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000432068

Entity Name: SYNERGY DENTAL EDUCATION, LLC

Current Principal Place of Business:

4045 SHERIDAN AVENUE
SUITE 249
MIAMI BEACH, FL 33140

Current Mailing Address:

400 NE 14TH AVE
HALLANDALE, FL 33009 US

FEI Number: 87-2950257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS BUSINESS CENTER, INC
6822 22ND AVE N
STE 218
ST. PETERSBURG, FL 33710 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 PISANO UHRI, RAFFAELE
Address 4131 LAGUNA STREET APT 410
City-State-Zip: CORAL GABLES FL 33146

Title AMBR
Name SANSANO MAGNANI, SANDRA E
Address 4131 LAGUNA STREET APT 410
City-State-Zip: CORAL GABLES FL 33146

Title AMBR
Name GAREIS, MITCHELL J
Address 400 NE 14TH AVE
 221
City-State-Zip: HALLANDALE FL 33009

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: MITCHELL GAREIS

MR.

02/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date