

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000486699

**Entity Name:** TRUONG DMD LLC

**Current Principal Place of Business:**

12859 HALTER STEER RD  
LITHIA, FL 33547

**Current Mailing Address:**

12859 HALTER STEER RD  
LITHIA, FL 33547 US

**FEI Number: 87-3595949**

**Certificate of Status Desired: No**

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

TRUONG, HUONG LINDA  
12859 HALTER STEER RD  
LITHIA, FL 33547 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	OWNER
Name	TRUONG, DAVID	Name	TRUONG, HUONG LINDA
Address	12859 HALTER STEER RD	Address	12859 HALTER STEER RD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547

*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: HUONG LINDA TRUONG**

**OWNER**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date