

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000486699

**Entity Name:** TRUONG DMD LLC

**Current Principal Place of Business:**

2680 SW FAIRGREEN ROAD  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

2680 SW FAIRGREEN ROAD  
PORT SAINT LUCIE, FL 34987

**FEI Number:** 87-3595949

**Certificate of Status Desired:** No

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

TRUONG, HUONG LINDA  
2680 SW FAIRGREEN ROAD  
PORT SAINT LUCIE, FL 34987 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            TRUONG, DAVID  
Address        2680 SW FAIRGREEN ROAD  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title            OWNER  
Name            TRUONG, HUONG LINDA  
Address        2680 SW FAIRGREEN ROAD  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date