

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000496739

Entity Name: POMPANO DENTAL CENTER LLC

Current Principal Place of Business:

1531 S CYPRESS RD
SUITE # B
POMPANO BEACH, FL 33060

Current Mailing Address:

1531 S CYPRESS RD
SUITE # B
POMPANO BEACH, FL 33060 US

FEI Number: 87-3875988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORA, ROMULO
1531 S CYPRESS RD
SUITE # B
POMPANO BEACH, FL 33060 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 MANAGER
Name MORA, ROMULO
Address 1531 S CYPRESS RD
SUITE # B
City-State-Zip: POMPANO BEACH FL 33060

Title MANAGER
Name MORA, GUADALUPE
Address 1531 S CYPRESS RD
SUITE # B
City-State-Zip: POMPANO BEACH FL 33060

Title DDS
Name MONGALO, MARCOS
Address 1531 S CYPRESS RD
SUITE # B
City-State-Zip: POMPANO BEACH FL 33060

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: ROMULO MORA

MGR

02/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date