

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000177358

**Entity Name:** SUN SMILE DENTISTRY, LLC

**Current Principal Place of Business:**

3440 CONWAY BLVD  
STE 2A  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3440 CONWAY BLVD  
STE 2A  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 88-1764653

**Certificate of Status Desired:** No

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

ATHANASELOS & ASSOCIATES, PA  
8217 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34654 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 MGR  
Name ROSADO, ARIOSTO E  
Address 3440 CONWAY BLVD  
STE 2A  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** ARIOSTO ROSADO

**OWNER**

**02/29/2024**

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

\_\_\_\_\_  
Date