

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000180388

**Entity Name:** VELOZ DENTISTRY, PLLC

**Current Principal Place of Business:**

489 DAGAMA DR  
CLERMONT, FL 34715

**Current Mailing Address:**

489 DAGAMA DR  
CLERMONT, FL 34715 US

**FEI Number: 88-2452294**

**Certificate of Status Desired:** No

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

HOWARD, CHASE E ESQ.  
151 NW 1ST AVENUE  
DELRAY BEACH, FL 33444 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 VELOZ, LUIS DMD  
Address 489 DAGAMA DR  
City-State-Zip: CLERMONT FL 34715

*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: LUIS VELOZ**

**OWNER**

**02/05/2024**

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

\_\_\_\_\_  
Date