

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000193040

Entity Name: DENTAL NC LLC

Current Principal Place of Business:

6342 NW 28TH CT
SUNRISE, FL 33313

Current Mailing Address:

6342 NW 28TH CT
SUNRISE, FL 33313

FEI Number: 38-4225644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORTES NIEVES, NANNY JOSEFINA
6342 NW 28TH CT
SUNRISE, FL 33313 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 CORTES NIEVES, NANNY JOSEFINA
Address 6342 NW 28TH CT
City-State-Zip: SUNRISE FL 33313

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: NANNY JOSEFINA CORTES NIEVES

MEMBER

02/18/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date