

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000194747

Entity Name: ELEVATE SMILES DENTAL CARE LLC

Current Principal Place of Business:

2418 W LEMON ST
TAMPA, FL 33609

Current Mailing Address:

2418 W LEMON ST
TAMPA, FL 33609

FEI Number: 88-2313192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZARIEGOS, STEPHANIE DMD
2418 W LEMON ST
TAMPA, FL 33609 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 MAZARIEGOS, STEPHANIE E DMD
Address 2418 W LEMON ST
City-State-Zip: TAMPA FL 33609

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: MAZARIEGOS, STEPHANIE E, DMD

OWNER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date