

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000239960

Entity Name: FLO CITY DENTAL ORTHODONTICS LLC

Current Principal Place of Business:

3326 NE 8 ST
HOMESTEAD, FL 33033

Current Mailing Address:

3326 NE 8 ST
HOMESTEAD, FL 33033 US

FEI Number: 88-2641808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, CARLA
3326 NE 8 ST
HOMESTEAD, FL 33033 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 MARTINEZ, CARLA
Address 3326 NE 8 ST
City-State-Zip: HOMESTEAD FL 33033

Title MBR
Name CASTILLO, KARLA
Address 3326 NE 8 ST
City-State-Zip: HOMESTEAD FL 33033

Title MGR
Name ORDONEZ, ALVARO J
Address 3326 NE 8 ST
City-State-Zip: HOMESTEAD FL 33033

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: KARLA CASTILLO

OFFICER

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date