

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000299451

Entity Name: HAYWARD DENTISTRY LLC

Current Principal Place of Business:

4701 OLD CANOE CREEK RD
700028
ST CLOUD, FL 34770

Current Mailing Address:

4701 OLD CANOE CREEK RD
700028
ST CLOUD, FL 34770

FEI Number: 88-3264098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYWARD, ANDRA
4701 OLD CANOE CREEK RD
700028
ST CLOUD, FL 34770 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 DR
Name HAYWARD, ANDRA
Address 4701 OLD CANOE CREEK RD #700028
City-State-Zip: ST CLOUD FL 34770

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: ANDRA HAYWARD

REGISTERED AGENT

03/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date