## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000382716

**Entity Name: DENTAL PRACTICE DEVELOPMENT LLC** 

**Current Principal Place of Business:** 

2429 BAR HARBOR BAY ROAD MOUNT DORA, FL 32757

**Current Mailing Address:** 

2429 BAR HARBOR BAY ROAD MOUNT DORA, FL 32757 US

FEI Number: 88-4072658 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORN, VIRGINIA M 2429 BAR HARBOR BAY ROAD MOUNT DORA, FL 32757 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: VIRGINIA M. HORN 01/19/2023

Electronic Signature of Registered Agent

Date

**FILED** Jan 19, 2023

**Secretary of State** 

8985373008CC

Authorized Person(s) Detail:

Title MGR

Name HORN, VIRGINIA M

Address 2429 BAR HARBOR BAY ROAD

City-State-Zip: MOUNT DORA FL 32757

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.

**MGR** 

SIGNATURE: VIRGINIA M. HORN