

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000389767

**Entity Name:** DENTAL HOME ORAL CARE LLC

**Current Principal Place of Business:**

11430 SW 47 TERRACE  
MIAMI, FL 33165

**Current Mailing Address:**

11430 SW 47 TERRACE  
MIAMI, FL 33165 FL

**FEI Number:** 92-0236384

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FONSECA, DIEGO  
5040 FRATTINA ST  
AVE MARIA, FL 34142 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	Title	MGR
Name	VELEZ, PAULA	Name	BETANCOURT, CARLOS
Address	11430 SW 47 TERRACE	Address	11430 SW 47 TERRACE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** PAULA VELEZ

**MGR**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date