

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000394902

Entity Name: SANDERS DENTAL ADMINISTRATION LLC

Current Principal Place of Business:

2595 HALLECK LANE
TALLAHASSEE, FL 32312

Current Mailing Address:

2595 HALLECK LANE
TALLAHASSEE, FL 32312 UN

FEI Number: 88-3971203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, LOREA
2595 HALLECK LANE
TALLAHASSEE, FL 32312 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 SANDERS, LOREA
Address 2595 HALLECK LANE
City-State-Zip: TALLAHASSEE FL 32312

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: LOREA E SANDERS

MGR

04/30/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date