

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000469286

**Entity Name:** FIRST CLASS DENTAL, LLC

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD  
SUITE 401  
CORAL GABLES, FL 33134

**Current Mailing Address:**

9451 SW 192ND DRIVE  
CUTLER BAY, FL 33157

**FEI Number:** 92-0955791

**Certificate of Status Desired:** No

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

VALLS, SANDOR J  
9451 SW 192ND DRIVE  
CUTLER BAY, FL 33157 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 VALLS, SANDOR J  
Address 9451 SW 192ND DRIVE  
City-State-Zip: CUTLER BAY FL 33157

*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:** SANDOR J VALLS

MGR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date