

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000474195

**Entity Name:** MIAMI DENTAL CO LLC

**Current Principal Place of Business:**

2701 W OAKLAND PARK BLVD  
STE 205B  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

2701 W OAKLAND PARK BLVD  
STE 205B  
FORT LAUDERDALE, FL 33311 US

**FEI Number:** 92-1103567

**Certificate of Status Desired:** Yes

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

GIRALDO PAZ, CRISTIAN C  
6458 NW 103RD PL  
DORAL, FL 33178 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	AMBR	Title	AMBR
Name	GIRALDO PAZ, CRISTIAN C	Name	VIAFARA MANCILLA, DIEGO
Address	6458 NW 103RD PL	Address	10560 NW 78TH ST APT 414
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** DIEGO VIAFARA MANCILLA

AMBR

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date