

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000076122

Entity Name: SOUTH FLORIDA DENTAL INSTITUTE LLC

Current Principal Place of Business:

119 WASHINGTON STREET
601
MIAMI BEACH, FL 33139

Current Mailing Address:

119 WASHINGTON STREET
601
MIAMI BEACH, FL 33139 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAIDI, ARDAVAN
119 WASHINGTON STREET
601
MIAMI BEACH, FL 33139 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 SAIDI, ARDAVAN
Address 119 WASHINGTON STREET SUITE
601
City-State-Zip: MIAMI BEACH FL 33139

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: ARDAVAN SAIDI

MEMBER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date