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.

MEMBER

SIGNATURE: JILL TANZI

City-State-Zip: SUTTON MA 01590

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED L	IABILITY COMPANY AN	NUAL REPORT

DOCUMENT# L23000154130

Entity Name: SHERO DENTAL ADVISORS LLC

Current Principal Place of Business:

601 7TH AVE SOUTH #202 NAPLES, FL 34102

Current Mailing Address:

601 7TH AVE SOUTH #202 NAPLES, FL 34102 US

FEI Number: 92-3333711

Name and Address of Current Registered Agent:

GRAZIOSO, KRISTINE 601 7TH AVE SOUTH #202 NAPLES, FL 34102 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

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	GRAZIOSO, KRISTINE	Name	TANZI, JILL	
Address	601 7TH AVE SOUTH #202	Address	10 WESTGATE RD	
City-State-Zip:	NAPLES FL 34102	City-State-Zip:	WESTON MA 02493	
Title	AMBR			
Name	PECORA, STEPHANIE			
Address	158 HARTNESS RD			

Certificate of Status Desired: No

03/04/2024

Date

Date

FILED Mar 04, 2024 Secretary of State 4349049449CC