

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000253825

**Entity Name:** DR NINA WALLICK DENTISTRY, PLLC

**Current Principal Place of Business:**

108 HARBOR VIEW LANE  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

108 HARBOR VIEW LANE  
BELLEAIR BLUFFS, FL 33770

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BRANDES, MARC E  
C/O KURKIN FOREHAND BRANDES LLP  
18851 NE 29TH AVENUE, SUITE 303  
AVENTURA, FL 33180 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 MGRM  
Name WALLICK, NINA  
Address 108 HARBOR VIEW LANE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

*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:** WALLICK , NINA

MGRM

03/15/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date