

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000261259

**Entity Name:** 180 DENTAL SOLUTIONS LLC

**Current Principal Place of Business:**

7275 SW 90TH ST  
UNIT C 313  
MIAMI, FL 33156

**FILED**  
**Jun 11, 2024**  
**Secretary of State**  
**6728187508CC**

**Current Mailing Address:**

7275 SW 90TH ST  
UNIT C 313  
MIAMI, FL 33156 US

**FEI Number:** 36-5069048

**Certificate of Status Desired:** Yes

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

BOOKSLY, LLC  
6919 SW 18TH STREET STE 222  
BOCA RATON, FL 33433 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            MGMB  
Name            PRIETO RAMIREZ, JAHIR NORBEY  
Address        7275 SW 90TH ST  
                  UNIT C 313  
City-State-Zip: MIAMI FL 33156

*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:** JAHIR NORBEY PRIETO RAMIREZ

MR

06/11/2024

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

\_\_\_\_\_ Date