

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000357961

Entity Name: YOUNESS AMRI, DMD, LLC

Current Principal Place of Business:

890 QUAYE LAKE CIRCLE
APT 112
WELLINGTON, FL 33411

Current Mailing Address:

890 QUAYE LAKE CIRCLE
APT 112
WELLINGTON, FL 33411 US

FEI Number: 93-2653065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOUGAL, RASHID
890 QUAYE LAKE CIRCLE
WELLINGTON, FL 33411 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	Title	MANAGER
Name	YOUNESS, AMRI DMD	Name	DOUGAL, RASHID R
Address	890 QUAYE LAKE CIRCLE APT 112	Address	890 QUAYE LAKE CIRCLE APT 112
City-State-Zip:	WELLINGTON FL 33411	City-State-Zip:	WELLINGTON FL 33411

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: RASHID DOUGAL

MANAGER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date