

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000372241

Entity Name: TOTAL ARCH DENTAL IMPLANT CENTER LLC

Current Principal Place of Business:

8595 COLLEGE PARKWAY
SUITE 14
FORT MEYERS, FL 33907

Current Mailing Address:

8595 COLLEGE PARKWAY
SUITE 14
FORT MYERS, FL 33907

FEI Number: 93-2805376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEISNER, MICHAEL
8595 COLLEGE PARKWAY
SUITE 14
FORT MYERS, FL 33907 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 AMBR
Name WEISNER, MICHAEL
Address 8595 COLLEGE PARKWAY, SUITE 14
City-State-Zip: FORT MYERS FL 33907

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: MICHAEL WEISNER

PRESIDENT

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date