

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001941

Entity Name: DECARE DENTAL HEALTH INTERNATIONAL, LLC

Current Principal Place of Business:

1285 NORTHLAND DRIVE
MENDOTA HEIGHTS, MN 55120

Current Mailing Address:

1285 NORTHLAND DRIVE
MENDOTA HEIGHTS, MN 55120 US

FEI Number: 02-0574609

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name KIEFER, KATHLEEN SUSAN
Address 1285 NORTHLAND DRIVE
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title MANAGER
Name NOBLE, ERIC KENNETH
Address 1285 NORTHLAND DRIVE
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title MANAGER
Name SCHER, VINCENT EDWARD
Address 1285 NORTHLAND DRIVE
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title MANAGER
Name TOWERS, SCOTT WILLIAM
Address 1285 NORTHLAND DRIVE
City-State-Zip: MENDOTA HEIGHTS MN 55120

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: KATHLEEN SUSAN KIEFER

MANAGER

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date