

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006168

Entity Name: DECARE DENTAL, 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: 01-0822645

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 SECRETARY, MANAGER
Name KATHLEEN, KIEFER S
Address 1285 NORTHLAND DRIVE
City-State-Zip: MENDOTA HEIGHTS MN 55120

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

Title ASST. TREASURER, MANAGER
Name NOBLE, ERIC K
Address 1285 NORTHLAND DRIVE
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title PRESIDENT, GOVERNOR, CHIEF
MANAGER
Name TOWERS, SCOTT W
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

SECRETARY

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date