

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005778

**Entity Name:** SURFSIDE DENTAL OF SW FL, LLC

**Current Principal Place of Business:**

2543 BLACKBURN CIRCLE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

2543 BLACKBURN CIRCLE  
CAPE CORAL, FL 33991

**FEI Number: 46-1004916**

**Certificate of Status Desired: No**

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

COSENTINO, PASQUALE  
2378 SURFSIDE BLVD  
STE. 131  
CAPE CORAL, FL 33991 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:** PASQUALE COSENTINO

03/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MGR
Name	COSENTINO, PASQUALE	Name	COSENTINO, ANGELA
Address	2543 BLACKBURN CIRCLE	Address	2543 BLACKBURN CIRCLE
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33991

*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:** PASQUALE COSENTINO

**OWNER**

03/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date