## 2022 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:

COSSENTINO, 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 COSSENTINO 03/08/2022

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MANAGER Title MGR

NameCOSSENTINO, PASQUALENameCOSSENTINO, ANGELAAddress2543 BLACKBURN CIRCLEAddress2543 BLACKBURN CIRCLECity-State-Zip:CAPE CORAL FL 33991City-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 COSSENTINO

**MANAGER** 

03/08/2022

FILED Mar 08, 2022

**Secretary of State** 

2284708895CC

Date