

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005897

Entity Name: BRASSELER U.S.A DENTAL, LLC**Current Principal Place of Business:**135 DURYEA ROAD
MELVILLE, NY 11747**Current Mailing Address:**135 DURYEA ROAD
MELVILLE, NY 11747 US**FEI Number:** 58-1053876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ETTINGER, MICHAEL S
Address 135 DURYEA ROAD
C/O HENRY SCHEIN, INC. E-365
City-State-Zip: MELVILLE NY 11747

Title MANAGER
Name SIEGEL, WALTER
Address 135 DURYEA ROAD
C/O HENRY SCHEIN, INC. E-365
City-State-Zip: MELVILLE NY 11747

Title MANAGER
Name PALADINO, STEVEN
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title MANAGER
Name FANNING, STEPHEN
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title MANAGER
Name BROUS, DAVID
Address 135 DURYEA ROAD
C/O HENRY SCHEIN, INC., E-365
City-State-Zip: MELVILLE NY 11747

Title MANAGER
Name TRINAGEL, VICTORIA
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

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 S. ETTINGER**SECRETARY****03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date