**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 09, 2025**
**Secretary of State**
**5446367162CC**

DOCUMENT# L04000017521

**Entity Name:** DENTAL DESIGNS OF NAPLES, LLC

**Current Principal Place of Business:**

5048 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

**Current Mailing Address:**

5048 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US

**FEI Number: 20-0814382**

**Certificate of Status Desired:** No

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

SIKET, ANDREW G
1100 5TH AVENUE SOUTH
301
NAPLES, FL 34102 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 | MGR |
| Name | PADILLA, RAMON DDS |
| Address | 5048 TAMIAMI TRAIL NORTH |
| City-State-Zip: | NAPLES FL 34103 |

*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: RAMON PADILLA MGR 03/09/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date