

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121596

**Entity Name:** MARK S. LUGER, DMD, LLC

**Current Principal Place of Business:**

6705 RED ROAD  
SUITE 402  
MIAMI, FL 33143

**Current Mailing Address:**

6705 RED ROAD  
SUITE 402  
MIAMI, FL 33143 US

**FEI Number:** 20-8275477

**Certificate of Status Desired:** No

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

LUGER, MARK S  
6705 RED ROAD  
SUITE 402  
MIAMI, FL 33143 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 MGRM  
Name LUGER, MARK S  
Address 6705 RED ROAD  
SUITE 402  
City-State-Zip: MIAMI FL 33143

*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:** MARK LUGER

**OWNER**

**01/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date