

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106363

Entity Name: INNOVATION DENTISTRY, P.L.

Current Principal Place of Business:

9854 TAGORE PLACE
ORLANDO, FL 32827

Current Mailing Address:

9854 TAGORE PLACE
ORLANDO, FL 32827 US

FEI Number: 39-2067055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, SHEILA Y DR.
9854 TAGORE PLACE
ORLANDO, FL 32827 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: SHEILA Y. RAMIREZ

06/12/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	MELENDEZ, CARLOS H DR.	Name	RAMIREZ, SHEILA Y DR.
Address	9854 TAGORE PLACE	Address	9854 TAGORE PLACE
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827

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: SHEILA Y. RAMIREZ

MANAGER

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date