

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124983

Entity Name: DENTAL INSURANCE, LLC

Current Principal Place of Business:

2619 OAK STREET
B
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

P.O. BOX 18922
PANAMA CITY BEACH, FL 32417 US

FEI Number: 26-1619514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, ANDREW
2619 OAK STREET
B
PANAMA CITY BEACH, FL 32408 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 MURPHY, ANDREW
Address 2619 OAK STREET
B
City-State-Zip: PANAMA CITY BEACH FL 32408

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: ANDREW MURPHY

MGRM

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date