#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075270

Entity Name: CENTRAL FLORIDA DENTAL CARE LLC

FILED Feb 14, 2024 Secretary of State 4766623714CC

# **Current Principal Place of Business:**

2390 W. OLD HWY 441 STE. 2 MT DORA, FL 32757

## **Current Mailing Address:**

1321 APOPKA AIRPORT RD UNIT G APOPKA, FL 32712 US

FEI Number: 26-3134368 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

JOHARY, C F 1321 APOPKA AIRPORT RD UNIT G APOPKA, FL 32712 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 DR Title MGR

Name C., JOHARY F Name JOHARY, SONIA

Address 1321 APOPKA AIRPORT RD UNIT G Address 1321 APOPKA AIRPORT RD UNIT G

City-State-Zip: APOPKA FL 32712 City-State-Zip: APOPKA FL 32712

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail