

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116102

Entity Name: FOUR SEASON DENTAL, LLC

Current Principal Place of Business:

4501 S SEMORAN BLVD
ORLANDO, FL 32822

Current Mailing Address:

4501 S SEMORAN BLVD
ORLANDO, FL 32822 US

FEI Number: 26-3915960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERMAN, MORALES DR
4501 S SEMORAN BLVD
ORLANDO, FL 32822 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: HERMAN MORALES

02/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name MORALES, HERMAN DR
Address 4501 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

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: HERMAN MORALES

DENTIST

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date