

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081471

**Entity Name:** DENTAL ARTS OF WINTER HAVEN LLC

**Current Principal Place of Business:**

151 AVE F. NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

151 AVE F. NW  
WINTER HAVEN, FL 33881 US

**FEI Number:** 59-3417334

**Certificate of Status Desired:** No

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

PALO, PAUL A DMD  
151 AVE. F. NW  
WINTER HAVEN, FL 33881 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:** PAUL PALO

02/05/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PALO, PAUL A  
Address 151 AVE F. NW  
City-State-Zip: WINTER HAVEN FL 33881

*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:** PAUL PALO

OWNER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date