

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000045511

**Entity Name:** ABDEL'S DENTAL LAB, LLC

**Current Principal Place of Business:**

1695 NW 110TH AVENUE  
SUITE #322  
SWEETWATER, FL 33172

**Current Mailing Address:**

1695 NW 110TH AVENUE  
SUITE #322  
SWEETWATER, FL 33172 US

**FEI Number:** 46-2391676

**Certificate of Status Desired:** Yes

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

VALDES, ABDELASIZ  
1695 NW 110TH AVENUE  
SUITE #322  
SWEETWATER, FL 33172 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 MGR  
Name VALDES, ABDELASIZ  
Address 1695 NW 110TH AVENUE  
SUITE #322  
City-State-Zip: SWEETWATER FL 33172

*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:** ABDELASIZ VALDES

**OWNER**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date