## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000117345

Entity Name: SAGE DENTAL OF DAVIE, PLLC

**Current Principal Place of Business:** 

6600 CONGRESS AVENUE SUITE 150 BOCA RATON, FL 33487

**Current Mailing Address:** 

6600 CONGRESS AVENUE **SUITE 150** BOCA RATON, FL 33487 US

FEI Number: 46-3455311 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: LORI ALLISON 02/16/2024

Electronic Signature of Registered Agent

Date

**FILED** Feb 16, 2024

**Secretary of State** 

5987513370CC

Authorized Person(s) Detail:

Address

**PRESIDENT** Title Title OTHER

ROARK, CINDY Name Name SAGE DENTAL GROUP OF FLORIDA,

> **PLLC** 6600 CONGRESS AVENUE

Address 6600 CONGRESS AVENUE SUITE 150

SUITE 150 BOCA RATON FL 33487

City-State-Zip: City-State-Zip: BOCA RATON FL 33487

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: LORI ALLISON

DIRECTOR OF **PURCHASING &** SUPPORT SERVICES

02/16/2024