# Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000117345

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

#### 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		02/03/2023	3
	Electronic Signature of Registered Agent		Date	_
Authorized Person(s) Detail :				
Title	PRESIDENT	Title	OTHER	
Name	ROARK, CINDY	Name	SAGE DENTAL GROUP OF FLORIDA,	
Address	6600 CONGRESS AVENUE SUITE 150	Address	PLLC 6600 CONGRESS AVENUE	
City-State-Zip:	BOCA RATON FL 33487		SUITE 150	
		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 02/03/2023

## FILED Feb 03, 2023 Secretary of State 7413912937CC

Certificate of Status Desired: No

Date