## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000005815

Entity Name: BREVARD DENTAL PROSTHETICS LLC

**Current Principal Place of Business:** 

1400 DIXON BLVD COCOA, FL 32922

**Current Mailing Address:** 

1400 DIXON BLVD COCOA, FL 32922

FEI Number: 46-4525430 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

1959 1400 DIXON BLVD COCOA, FL 32922 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: JEFFREY C SCALERA 03/24/2024

Electronic Signature of Registered Agent

Date

FILED Mar 24, 2024

**Secretary of State** 

2775517109CC

## Authorized Person(s) Detail:

Title MGR

Name SCALERA, JEFFREY C
Address 1400 DIXON BLVD
City-State-Zip: COCOA FL 32922

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.