

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000162780

**Entity Name:** ALTA DENTAL LABORATORY LLC

**Current Principal Place of Business:**

2981 W SR 434,  
SUITE 400  
LONGWOOD, FL 32779

**Current Mailing Address:**

1714 SHADYREST COURT  
LAKE MARY, FL 32746 US

**FEI Number:** 47-5163302

**Certificate of Status Desired:** No

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

SANDOVAL, LEONIDES  
1714 SHADYREST COURT  
LAKE MARY, FL 32746 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           | AMBR                   | Title           | AMBR                 |
| Name            | SANDOVAL, MARIA C      | Name            | SANDOVAL, JOSE       |
| Address         | 1714 SHADYREST COURT   | Address         | 1714 SHADYREST COURT |
| City-State-Zip: | LAKE MARY FL 32746     | City-State-Zip: | LAKE MARY FL 32746   |
|                 |                        |                 |                      |
| Title           | PRESIDENT              |                 |                      |
| Name            | SANDOVAL, LEONIDES DR. |                 |                      |
| Address         | 1714 SHADYREST CT      |                 |                      |
| City-State-Zip: | LAKE MARY FL 32746     |                 |                      |

*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:** LEONIDES SANDOVAL DDS

**PRESIDENT**

**04/11/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date