## **2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000122079

Entity Name: CW ENDODONTICS, LLC

**Current Principal Place of Business:** 

4702 W PAUL AVE TAMPA, FL 33611

Mar 02, 2022 Secretary of State 2281779060CC

**FILED** 

## **Current Mailing Address:**

4702 W PAUL AVE TAMPA, FL 33611 US

FEI Number: 81-3454404 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WALTZ, CHAD M 4702 W PAUL AVE TAMPA, FL 33611 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

Name WALTZ, CHAD M Address 4702 W PAUL AVE City-State-Zip: TAMPA FL 33611

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: CHAD M WALTZ AMBR 03/02/2022