

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000170874

**Entity Name:** DENTAL DREAMS OF HOLLYWOOD, LLC

**Current Principal Place of Business:**

4700 SHERIDAN STREET  
S  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4700 SHERIDAN STREET  
S  
HOLLYWOOD, FL 33021

**FEI Number:** 81-3940393

**Certificate of Status Desired:** No

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

CARPIO, JESUS DMD  
5632 NW 167 STREET  
MIAMI, FL 33014 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	AR	Title	MGR
Name	DENTAL DREAMS, LLC	Name	CARPIO, JESUS DMD
Address	5632 NW 167 STREET	Address	5632 NW 167 STREET
City-State-Zip:	MIAMI FL 33014	City-State-Zip:	HIALEAH FL 33014

*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:** JESUS CARPIO

**OWNER**

**01/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date