

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000072850

**Entity Name:** TROPICAL DENTAL LLC

**Current Principal Place of Business:**

4077 S GOLDENROD RD  
ORLANDO, FL 32822

**Current Mailing Address:**

4077 S GOLDENROD RD  
ORLANDO, FL 32822 US

**FEI Number:** 82-1065600

**Certificate of Status Desired:** No

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

GARCIA, MARITZA  
4077 S GOLDENROD RD  
ORLANDO, FL 32822 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:** MARITZA GARCIA

02/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P/D  
Name GARCIA, MARITZA  
Address 4077 S GOLDENROD RD  
City-State-Zip: ORLANDO FL 32822

*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:** MARITZA GARCIA

P/D

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date