## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000121802

Entity Name: CRISCUOLO DENTAL, PLLC

**Current Principal Place of Business:** 

16249 NW 8TH DR

PEMBROKE PINES, FL 33028

**Current Mailing Address:** 

16249 NW 8TH DR

PEMBROKE PINES, FL 33028 US

FEI Number: 82-1776489 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRISCUOLO, STEPHEN K. 693 BEDFORD AVE WESTON, FL 33326 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: STEPHEN CRISCUOLO 04/18/2020

Electronic Signature of Registered Agent

Date

FILED Apr 18, 2020

**Secretary of State** 

5303009171CC

Authorized Person(s) Detail:

Title MGR

Name CRISCUOLO, STEPHEN K.

Address 693 BEDFORD AVE
City-State-Zip: WESTON FL 33326

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.

Electronic Signature of Signing Authorized Person(s) Detail