

**2022 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

03/13/2022

Electronic Signature of Registered Agent

Date

**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.*

**SIGNATURE:** STEPHEN CRISCUOLO

MANAGER

03/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date