

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000211421

**Entity Name:** DENTAL WHALE SERVICES, LLC

**Current Principal Place of Business:**

13621 NW 12TH ST  
SUITE 120  
SUNRISE, FL 33323

**Current Mailing Address:**

13621 NW 12TH ST  
SUITE 120  
SUNRISE, FL 33323

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC  
11380 PROSPERITY FARMS RD  
PALM BEACH GARDENS, FL 33410 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            MBR  
Name            DENTAL WHALE, LLC  
Address        13621 NW 12TH ST  
City-State-Zip: SUNRISE FL 33323

*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:** DENTAL WHALE, LLC

MEMBER, BY SARAH  
MEEHAN, ATTORNEY-IN-  
FACT

03/02/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date

