

2019 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

SEAN ARNO, ATTORNEY 01/15/2019
IN FACT

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date