

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000211438

**Entity Name:** DENTAL WHALE EDUCATION, 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 US

**FEI Number:** 83-4518646

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	AUTHORIZED MEMBER	Title	AUTHORIZED PERSON
Name	DENTAL WHALE, LLC	Name	MASSON, ERIC
Address	13621 NW 12TH ST SUITE 120	Address	SUITE 120 6572 HWY. 92
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	ACWORTH GA 30102

*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:** ERIC MASSON

**AUTHORIZED PERSON**

**04/13/2021**

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

\_\_\_\_\_  
Date