

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000230607

**Entity Name:** CRAFT DENTAL LAB, LLC.

**Current Principal Place of Business:**

2801 ST JOHNS BLUFF RD S  
SUITE 102  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

11667 WHITE DOGWOOD ROAD  
JACKSONVILLE, FL 32256 US

**FEI Number:** 82-3363057

**Certificate of Status Desired:** Yes

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

RAMIREZ, CARLOS M  
11667 WHITE DOGWOOD ROAD  
JACKSONVILLE, FL 32256 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	MANAGER	Title	MANAGER
Name	RAMIREZ, CARLOS M	Name	SANTIAGO, LENNY D
Address	11667 WHITE DOGWOOD ROAD	Address	11664 WHITE DOGWOOD ROAD
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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:** CARLOS MANUEL RAMIREZ

MANAGER OWNER

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date