2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
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Entity Name: CRAFT DENTAL LAB, LLC.

Current Principal Place of Business:

5000 BIG ISLAND DR
UNIT 416
JACKSONVILLE, FL 32246

Current Mailing Address:

5000 BIG ISLAND DR
UNIT 416
JACKSONVILLE, FL 32246 US

FEI Number: 82-3363057

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAMIREZ, CARLOS M
5000 BIG ISLAND DR
UNIT 416
JACKSONVILLE, FL 32246 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	MGRM	Title	MGRM
Name	RAMIREZ, CARLOS M	Name	SANTIAGO, LENNY D
Address	5000 BIG ISLAND DR UNIT 416	Address	5000 BIG ISLAND DR UNIT 416
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

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 MGRM 05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date