

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000230607

Entity Name: CRAFT DENTAL LAB, LLC.

Current Principal Place of Business:

11667 WHITE DOGWOOD ROAD
JACKSONVILLE, FL 32256

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
Name RAMIREZ, CARLOS M
Address 11667 WHITE DOGWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name SANTIAGO, LENNY D
Address 11664 WHITE DOGWOOD ROAD
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

04/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date