

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000083372

Entity Name: KIDZVIL PEDIATRIC DENTISTRY, P.L.L.C.

Current Principal Place of Business:

6045 HAGEN RANCH RD STE 3
LAKE WORTH, FL 33467

Current Mailing Address:

382 NE 191ST ST
#58538
MIAMI, FL 33179 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 AMBR
Name SAINVIL, IRWINE
Address 535 NW 111TH ST
City-State-Zip: MIAMI SHORES FL 33168

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: IRWINE SAINVIL

MEMBER

05/20/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date