

**2021 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: 82-5114940**

**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**

**04/27/2021**

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

\_\_\_\_\_  
Date