**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 14, 2025**
**Secretary of State**
**8025677154CC**

DOCUMENT# L18000125722

**Entity Name:** MAY DENTAL, LLC

**Current Principal Place of Business:**

3011 EAGLE HAVEN DR
WINTER HAVEN, FL 33880

**Current Mailing Address:**

3011 EAGLE HAVEN DR
WINTER HAVEN, FL 33880

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

MAY, LINDA J
3011 EAGLE HAVEN DR
WINTER HAVEN, FL 33880 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 | MGR | Title | AUTHORIZED MEMBER |
| Name | MAY, LINDA J | Name | MAY, ARLENE VENEZIA |
| Address | 3011 EAGLE HAVEN DR | Address | 3011 EAGLE HAVEN DR |
| City-State-Zip: | WINTER HAVEN FL 33880 | City-State-Zip: | WINTER HAVEN FL 33880 |

*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: LINDA J MAY MGR 01/14/2025

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