

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000220603

**Entity Name:** STOMATCARE OF FLORIDA, LLC

**Current Principal Place of Business:**

333 SE 2ND AVE STE 2520  
MIAMI, FL 33131

**Current Mailing Address:**

333 SE 2ND AVE STE 2520  
MIAMI, FL 33131 US

**FEI Number:** 83-1979405

**Certificate of Status Desired:** No

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

MIKHAILOV, ALEXANDER  
333 SE 2ND AVE STE 2520  
MIAMI, FL 33131 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	MGR
Name	MIKHAILOV, ALEXANDER	Name	KRASNOV, ROSTISLAV
Address	333 SE 2ND AVE STE 2520	Address	333 SE 2ND AVE STE 2520
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** ALEXANDER MIKHAILOV

MGR

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date