

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000260776

**Entity Name:** ABSOLUTE PERIODONTICS HOLDINGS, LLC

**Current Principal Place of Business:**

2050 NE 214TH TERRACE  
MIAMI, FL 33179

**Current Mailing Address:**

2050 NE 214TH TERRACE  
MIAMI, FL 33179 US

**FEI Number: 83-2521520**

**Certificate of Status Desired: No**

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

ACCUPAY SERVICES CORP  
1776 N PINE ISLAND RD  
STE 216  
PLANTATION, FL 33322 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 MBR  
Name SCHETRITT, AVI  
Address 2050 NE 214TH TERRACE  
City-State-Zip: MIAMI FL 33179

*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: AVI SCHETRITT** \_\_\_\_\_

**PRESIDENT**

**06/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date