

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000282295

Entity Name: DENTAL CONCIERGE INSTITUTE, LLC

Current Principal Place of Business:

5546 WHITEHEAD ST
BRADENTON, FL 34203

Current Mailing Address:

5546 WHITEHEAD ST
BRADENTON, FL 34203 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUSSELL, DANA R
5546 WHITEHEAD ST
BRADENTON, FL 34203 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: DANA R RUSSELL

09/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	RUSSELL, DANA R	Name	RUSSELL, SCOTT A
Address	5546 WHITEHEAD ST	Address	5546 WHITEHEAD STREET
City-State-Zip:	BRADENTON FL 34203	City-State-Zip:	BRADENTON FL 34203

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: DANA RUSSELL

OWNER

09/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date