

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000081139

Entity Name: 5 STAR DENTAL STUDIO, PLLC

Current Principal Place of Business:

4500 BAYVIEW DR
FORT LAUDERDALE, FL 33308

Current Mailing Address:

4500 BAYVIEW DR
FORT LAUDERDALE, FL 33308 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LICINA, ZELJKA
4500 BAYVIEW DR
FORT LAUDERDALE, FL 33308 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 LICINA, ALMIR
Address 4500 BAYVIEW DR
City-State-Zip: FORT LAUDERDALE FL 33308

Title AMBR
Name LICINA, ZELJKA
Address 4500 BAYVIEW DR
City-State-Zip: FORT LAUDERDALE FL 33308

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: ZELJKA LICINA

DOCTOR, AMBR

04/29/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date