

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000094366

**Entity Name:** DENTAL BLUSH, LLC

**Current Principal Place of Business:**

12260 SW 8 ST  
226  
MIAMI, FL 33184

**Current Mailing Address:**

12260 SW 8 ST  
226  
MIAMI, FL 33184 US

**FEI Number:** 83-4474295

**Certificate of Status Desired:** No

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

DEL TORO TEJERA, YACELL  
11120 SW 36 ST  
MIAMI, FL 33165 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  
Name DEL TORO TEJERA, YACELL  
Address 11120 SW 36 ST  
City-State-Zip: MIAMI FL 33165

*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:** YACELL DEL TORO TEJERA

**OWNER**

**04/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date