

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000168899

Entity Name: TRUE DENTAL SOLUTIONS L.L.C

Current Principal Place of Business:

5819 BUCHANAN ST
HOLLYWOOD, FL 33021--561

Current Mailing Address:

5819 BUCHANAN ST
HOLLYWOOD, FL 33021--561 UN

FEI Number: 84-2227448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETANCOURTH, DAMARIS
5819 BUCHANAN ST
HOLLYWOOD, FL 33021 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 BETANCOURTH, DAMARIS
Address 5819 BUCHANAN ST
City-State-Zip: HOLLYWOOD, FL 33021

Title AMBR
Name BETANCOURTH, DAMARIS D
Address 5819 BUCHANAN ST
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR
Name BETANCOURTH, HEBERTH A
Address 5819 BUCHANAN ST
City-State-Zip: HOLLYWOOD FL 33021

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: DAMARIS BETANCOURTH

OWNER

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date