

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000223702

**Entity Name:** ESTES FLORIDA DENTAL, PLLC

**Current Principal Place of Business:**

463859 STATE ROAD 200  
YULEE, FL 32097

**Current Mailing Address:**

463859 STATE ROAD 200  
YULEE, FL 32097 US

**FEI Number:** 84-3066831

**Certificate of Status Desired:** No

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

DFS AGENT LLC  
1760 N. JOG BEACH ROAD, STE 150  
WEST PALM BEACH, FL 33411 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 BOLD CITY DENTISTRY P.A.  
Address 463859 STATE ROAD 200  
City-State-Zip: YULEE FL 32097

*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:** JOSHUA J ESTES

OWNERMANGER

02/08/2024

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

\_\_\_\_\_ Date