**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jun 23, 2020**
**Secretary of State**
**4128087758CC**

DOCUMENT# L19000271865

**Entity Name:** DAO DENTAL LLC

**Current Principal Place of Business:**

2901 S BAYSHORE DR, STE 4F
MIAMI, FL 33133

**Current Mailing Address:**

2901 S BAYSHORE DR, STE 4F
MIAMI, FL 33133

**FEI Number: 81-2457564**

**Certificate of Status Desired:** No

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

O DE ANNA, ABEL
2901 S BAYSHORE DR, STE 4F
MIAMI, FL 33133 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 | AMGR |
| Name | O DE ANNA, ABEL |
| Address | 2901 S BAYSHORE DR, STE 4F |
| City-State-Zip: | MIAMI FL 33133 |

*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: ABEL O DE ANNA AMGR 06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date