2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2025
Secretary of State
3658223606CC

DOCUMENT# L19000285810

Entity Name: FOXSTER DENTAL,PLLC

Current Principal Place of Business:

14801 SW 194TH AVE
MIAMI, FL 33196

Current Mailing Address:

PO BOX 566522
MIAMI, FL 33256 US

FEI Number: 84-4003896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTRADA, MANUEL
14801 SW 194TH AVE
MIAMI, FL 33196 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	MGRM
Name	ESTRADA, MANUEL ANTONIO
Address	14801 SW 194TH AVE
City-State-Zip:	MIAMI FL 33196

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: MANUEL ESTRADA MANAGER 01/27/2025

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