

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000295620

Entity Name: ROMANI PERIODONTICS AND SEDATION, LLC

Current Principal Place of Business:

225 MOSES CREEK BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

225 MOSES CREEK BLVD
ST. AUGUSTINE, FL 32086 US

FEI Number: 84-5141587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMANI, MICHAEL
225 MOSES CREEK BLVD
ST. AUGUSTINE, FL 32086 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 CEO
Name ROMANI, MICHAEL
Address 6835 PUTNAM STREET
City-State-Zip: ST. AUGUSTINE FL 32080

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: MICHAEL ROMANI

CEO

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date