

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000049934

Entity Name: SOLE DENTAL, LLC

Current Principal Place of Business:

545 49TH AVE N
ST. PETERSBURG, FL 33703

Current Mailing Address:

545 49TH AVE N
ST. PETERSBURG, FL 33703 US

FEI Number: 84-4921715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DFS AGENT, LLC
1760 N JOG RD 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 SOLEIMANI, SHIVA
Address 545 49TH AVE. N
City-State-Zip: ST. PETERSBURG FL 33703

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: SHIVA SOLEIMANI

MGR

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date