

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000054965

Entity Name: DC DENTAL CENTER, LLC

Current Principal Place of Business:

15044 SANDPIPER LANE SUITE 2
NAPLES, FL 34114

Current Mailing Address:

15044 SANDPIPER LANE SUITE 2
NAPLES, FL 34114 US

FEI Number: 84-4877076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COCRIS, DANIEL
15044 SANDPIPER LANE SUITE 2
NAPLES, FL 34114 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: DANIEL COCRIS

03/03/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COCRIS, DANIEL
Address 15044 SANDPIPER LANE SUITE 2
City-State-Zip: NAPLES FL 34114

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: DANIEL COCRIS

MANAGER

03/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date