

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000056855

Entity Name: ORLANDO DENTAL INSTITUTE LLC

Current Principal Place of Business:

7901 KINGSPONTE PARKWAY
UNIT 1
ORLANDO, FL 32819

Current Mailing Address:

7901 KINGSPONTE PARKWAY
UNIT 1
ORLANDO, FL 32819 US

FEI Number: 36-4962659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAFETY TAX & BOOKKEEPING
4307 VINELAND RD
STE H7
ORLANDO, FL 32811 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 SAMPAIO TELES, GUILHERME
Address 7901 KINGSPONTE PARKWAY, UNIT
1
City-State-Zip: ORLANDO FL 32819

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: GUILHERME SAMPAIO TELES

MGR

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date