# DOCUMENT# L20000080568 Entity Name: NAVARRE CENTER FOR COSMETIC AND FAMILY DENTISTRY, LLC Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

4635 GULFSTARR DRIVE DESTIN, FL 32541

## **Current Mailing Address:**

4635 GULFSTARR DRIVE DESTIN, FL 32541

### FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

SMITH, WHITNEY 1283 EGLIN PARKWAY NE SHALIMAR, FL 32579 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

#### Authorized Person(s) Detail :

TitleMGRNameLICHORWIC, DENNISAddress4635 GULFSTARR DRIVECity-State-Zip:DESTIN FL 32541

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.

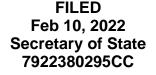
MGR

SIGNATURE: DENNIS LICHORWIC

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date



02/10/2022 Date