

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000080568

**Entity Name:** NAVARRE CENTER FOR COSMETIC AND FAMILY DENTISTRY, LLC

**FILED**  
**Feb 10, 2022**  
**Secretary of State**  
**7922380295CC**

**Current Principal Place of Business:**

4635 GULFSTARR DRIVE  
DESTIN, FL 32541

**Current Mailing Address:**

4635 GULFSTARR DRIVE  
DESTIN, FL 32541

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LICHORWIC, DENNIS  
Address 4635 GULFSTARR DRIVE  
City-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.*

**SIGNATURE: DENNIS LICHORWIC**

**MGR**

**02/10/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date