

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000090658

Entity Name: MONTICCIOLO FAMILY AND SEDATION DENTISTRY, PLLC

Current Principal Place of Business:

8383 SEMINOLE BLVD. SUITE A
SEMINOLE, FL 33772

Current Mailing Address:

8383 SEMINOLE BLVD. SUITE A
SEMINOLE, FL 33772 US

FEI Number: 36-4715980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name MONTICCIOLO, VINCENT J
Address 6021 BEACH SHORES STREET
City-State-Zip: TAMPA FL 33616

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: VINCENT MONTICCIOLO

OWNER

02/27/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date