

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000204546

Entity Name: DENTAL COMMUNITY CENTERS LLC

Current Principal Place of Business:

6300 NE 2ND AVE
SUITE #3
MIAMI, FL 33138

Current Mailing Address:

6300 NE 2ND AVE
SUITE #3
MIAMI, FL 33138 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMAS, DAVID
6300 NE 2ND AVE
SUITE #3
MIAMI, FL 33138 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	Title	MGR
Name	CRESPO, TOMAS	Name	ARMAS, DAVID
Address	6300 NE 2ND AVE	Address	6300 NE 2ND AVE
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33138

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: DAVID ARMAS

MGR

08/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date