

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000204546

**Entity Name:** DENTAL COMMUNITY CENTERS LLC

**Current Principal Place of Business:**

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

**FILED**  
**May 08, 2023**  
**Secretary of State**  
**8134733080CC**

**Current Mailing Address:**

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

**FEI Number: 85-3207368**

**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  |
|                 |                             |                 |                 |
| Title           | PRESIDENT, DDS              |                 |                 |
| Name            | MONGALO , MARCO A           |                 |                 |
| Address         | 6300 NE 2ND AVE<br>SUITE #3 |                 |                 |
| 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: MARCO A MONGALO**

**P**

**05/08/2023**

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

\_\_\_\_\_  
Date