

**2022 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

**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

*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

**MANAGER**

**04/30/2022**

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

\_\_\_\_\_  
Date