

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272781

**Entity Name:** IGLESIAS DENTISTRY LLC

**Current Principal Place of Business:**

17320 SW 54 STREET  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

17320 SW 54 STREET  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUCCI, LORI CPA  
10330 NW 18 PLACE  
PEMBROKE PINES, FL 33026 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 IGLESIAS, DANIEL  
Address 17320 SW 54 STREET  
City-State-Zip: SOUTHWEST RANCHES FL 33331

*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:** DANIEL IGLESIAS

MGR

03/15/2021

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

\_\_\_\_\_ Date