

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272781

**Entity Name:** IGLESIAS DENTISTRY LLC

**Current Principal Place of Business:**

1963 NW 136TH AVE  
#643  
SUNRISE, FL 33323

**Current Mailing Address:**

1963 NW 136TH AVE  
#643  
SUNRISE, FL 33323 US

**FEI Number:** APPLIED FOR

**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                       | Title           | MGR                       |
| Name            | IGLESIAS, DANIEL          | Name            | IGLESIAS, HAISSSEL DR     |
| Address         | 1963 NW 136TH AVE APT 643 | Address         | 1963 NW 136TH AVE APT 643 |
| City-State-Zip: | FORT LAUDERDALE FL 33323  | City-State-Zip: | FORT LAUDERDALE FL 33323  |

*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

03/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date