

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000282566

Entity Name: MY SMILE DENTISTRY LLC

Current Principal Place of Business:

9640 STIRLING RD
UNIT 101
COOPER CITY, FL 33024

Current Mailing Address:

8820 PARKSIDE ESTATES DR
DAVIE, FL 33328 US

FEI Number: 85-3464994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, KELLY DR.
8820 PARKSIDE ESTATES DR
DAVIE, FL 33328 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: KELLY GONZALEZ

04/16/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, KELLY Y
Address 8820 PARKSIDE ESTATES DR
City-State-Zip: DAVIE FL 33328

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: KELLY GONZALEZ

MANAGER

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date