

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000316212

Entity Name: INNOVATION DENTAL CENTER LLC

Current Principal Place of Business:

4860 S. STATE ROAD 7
F
HOLLYWOOD, FL 33314

Current Mailing Address:

4860 S. STATE ROAD 7
F
HOLLYWOOD, FL 33314

FEI Number: 85-3524598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONGALO, MARCO
4860 S. STATE ROAD 7
F
HOLLYWOOD, FL 33314 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: MARCO MONGALO

04/27/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DDS
Name MONGALO, MARCO DR.
Address 2100 FARMONT LN
City-State-Zip: NAPLES FL 34120

Title MGA
Name TOMAS, CRESPO
Address 4860 S STATE RD 7
F
City-State-Zip: DAVIE FL 33314

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 MONGALO

OWNER

04/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date