

**2022 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

04/18/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	DDS	Title	MGA
Name	MONGALO, MARCO DR.	Name	TOMAS, CRESPO
Address	2100 FARMONT LN	Address	4860 S STATE RD 7 F
City-State-Zip:	NAPLES FL 34120	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

04/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date