

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:

CRESPO, TOMAS
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: TOMAS CRESPO

07/24/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CRESPO, TOMAS
Address 4860 S. STATE ROAD 7 SUITE F
City-State-Zip: HOLLYWOOD FL 33314

Title MGR
Name CASADO, DAVID ROGELIO
Address 1020 NW 20 TH CT
City-State-Zip: MIAMI FL 33125

Title MGR
Name MORA, ROMULO V
Address 567 SOUTHERN PKWY
City-State-Zip: UNIONDALE NY 11553

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: TOMAS CRESPO

MGR

07/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date