

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000345188

Entity Name: ORAL IMPLANTOLOGY MASTERS, LLC

Current Principal Place of Business:

16731 SW 117 AVENUE
MIAMI, FL 33177

Current Mailing Address:

16731 SW 117 AVENUE
MIAMI, FL 33177 US

FEI Number: 86-2792836

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DORADO, DAVID
16731 SW 117 AVENUE
MIAMI, FL 33177 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 AMBR
Name CARR HODSON, DASHIEL
Address 16731 SW 117 AVENUE
City-State-Zip: MIAMI FL 33177

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: DASHIEL CARR HODSON

MEMBER

03/23/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date