

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000345188

**Entity Name:** ORAL IMPLANTOLOGY MASTERS, LLC

**Current Principal Place of Business:**

3401 NW 82ND AVE  
SUITE 105J  
DORAL, FL 33122

**Current Mailing Address:**

3401 NW 82ND AVE  
SUITE 105J  
DORAL, FL 33122 US

**FEI Number:** 86-2792836

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DORADO, DAVID  
3401 NW 82ND AVE  
SUITE 105J  
DORAL, FL 33122 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        3401 NW 82ND AVE  
                  SUITE 105J  
City-State-Zip: DORAL FL 33122

*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

AMBR

04/08/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date