

**2023 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:** Yes

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

CARR HODSON, DASHIEL  
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:** DASHIEL CARR HODSON

03/03/2023

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

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date