

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000000745

Entity Name: SOUTH FLORIDA DENTAL CENTER LLC

Current Principal Place of Business:

7522 WILES RD
104
CORAL SPRINGS, FL 33067

Current Mailing Address:

7522 WILES RD
B104
CORAL SPRINGS, FL 33067 US

FEI Number: 86-1217071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, DANIEL R
7522 WILES RD
B104
CORAL SPRINGS, FL 33067 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 MGR
Name COHEN, DANIEL R
Address 7508 NW 117TH LANE
City-State-Zip: PARKLAND FL 33076

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: DANIEL R COHEN DDS

OWNER

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date