

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000003981

**Entity Name:** SAGE DENTAL OF CYPRESS LAKES, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PARKWAY NW SUITE 250  
BOCA RATON, FL 33487

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY NW SUITE 250  
BOCA RATON, FL 33487 US

**FEI Number:** 86-1378457

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 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 OTHER  
Name SAGE DENTAL GROUP OF FLORIDA, PLLC  
Address 951 BROKEN SOUND PARKWAY NW SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name ROARK, CINDY  
Address 951 BROKEN SOUND PARKWAY SUITE 250  
City-State-Zip: BOCA RATON FL 33487

*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:** CINDY ROARK

**PRESIDENT**

**03/04/2022**

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

\_\_\_\_\_  
Date