### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000096538

**Entity Name: DENTAL TRIP LLC** 

**FILED** Apr 28, 2023 **Secretary of State** 2444062836CC

## **Current Principal Place of Business:**

2901 NE 1ST AVE APT #605 MIAMI, FL 33137

# **Current Mailing Address:**

2901 NE 1ST AVE APT #605 MIAMI, FL 33137 US

FEI Number: 36-4983067 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SACONSA GROUP LLC 7950 NW 53RD STREET SUITE 337 MIAMI, FL 33166 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** Title **AMBR** 

Name VILLAMIZAR, JOSE A Name CASTRO, ANA M 2901 NE 1ST AVE 2901 NE 1ST AVE Address Address

APT #605 APT #605

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

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.

**AMBR** 

SIGNATURE: VILLAMIZAR, JOSE A