

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000149560

**Entity Name:** FAMILY DENTAL SYSTEM AVENTURA LLC

**Current Principal Place of Business:**

20936 NE 37TH AVENUE  
AVENTURA, FL 33180

**Current Mailing Address:**

20936 NE 37TH AVENUE  
AVENTURA, FL 33180 US

**FEI Number:** 86-2955147

**Certificate of Status Desired:** No

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

REGALADO, MARIA E  
20936 NE 37TH AVENUE  
AVENTURA, FL 33180 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 REGALADO, MARIA E  
Address 20936 NE 37TH AVENUE  
City-State-Zip: AVENTURA FL 33180

*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:** MARIA E REGALADO

MGR

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date