

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000149560

Entity Name: FAMILY DENTAL SYSTEM AVENTURA LLC

Current Principal Place of Business:

2820 NE 214 TH STREET
SUITE 700
AVENTURA, FL 33180

Current Mailing Address:

16057 SW 53 TERRACE
MIAMI, FL 33184 US

FEI Number: 86-2955147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LD TAX & ACCOUNTING PA
26230 SW 122ND CT
HOMESTEAD , FL 33032 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: LAUREN DORTA

01/23/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name REGALADO, MARIA E
Address 16057 SW 53 TERRACE
City-State-Zip: MIAMI FL 33184

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

01/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date