**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 22, 2022**
**Secretary of State**
**8489808506CC**

DOCUMENT# L21000181187

**Entity Name:** IDEA DENTISTRY CLINIC LLC

**Current Principal Place of Business:**

112 S LUCERNE CIRCLE E
ORLANDO, FL 32801

**Current Mailing Address:**

112 S LUCERNE CIRCLE E
ORLANDO, FL 32801

**FEI Number: 86-3538406**

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING GROUP
7901 KINKSPOINTE PKWY SUITE 17
ORLANDO, FL 32819 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 | BENEDETTI, DANILO | Name | DE SA ZAMPERLINI, MARCELO |
| Address | RUA DR QUIRINO, 959, APT 134 | Address | RUA HERMANITO COELHO, 1000 APT 123B |
| City-State-Zip: | CAMPINAS SP 13015--081 | City-State-Zip: | CAMPINAS SP 13087--500 |

*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: DANILO BENEDETTI AMBR 02/22/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date