

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000248593

Entity Name: KATZ ORTHODONTICS, LLC

Current Principal Place of Business:

424 45TH AVE NE
ST. PETERSBURG, FL 33703

Current Mailing Address:

424 45TH AVE NE
ST. PETERSBURG, FL 33703 US

FEI Number: 87-0974615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ, ELLIOTT N
424 45TH AVE NE
ST. PETERSBURG, FL 33703 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 KATZ, ELLIOTT N
Address 424 45TH AVE NE
City-State-Zip: ST. PETERSBURG FL 33703

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: ELLIOTT KATZ

MANAGER

04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date