

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000260335

**Entity Name:** JAVIER SERVIGNA DDS PLLC

**Current Principal Place of Business:**

10187 CLEARY BLVD  
SUITE 101  
PLATATION, FL 33324

**Current Mailing Address:**

10187 CLEARY BLVD  
SUITE 101  
PLATATION, FL 33324 US

**FEI Number:** 87-1100390

**Certificate of Status Desired:** No

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

SERVIGNA, JAVIER  
10187 CLEARY BLVD  
SUITE 101  
PLATATION, FL 33324 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 SERVIGNA, JAVIER  
Address 10187 CLEARY BLVD  
SUITE 101  
City-State-Zip: PLATATION FL 33324

*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:** JAVIER SERVIGNA

**MANAGER**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date