

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000359952

**Entity Name:** SHIVANI SINGH DDS, PLLC

**Current Principal Place of Business:**

7420 EAST CYPRESSHEAD DRIVE  
PARKLAND, FL 33067

**Current Mailing Address:**

7420 EAST CYPRESSHEAD DRIVE  
PARKLAND, FL 33067 US

**FEI Number:** 87-2152257

**Certificate of Status Desired:** No

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

CHOWDHARY, SHIVANI  
7420 EAST CYPRESSHEAD DRIVE  
PARKLAND, FL 33067 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	Title	MGR
Name	CHOWDHARY, SHIVANI	Name	SINGH, DHIRAJ
Address	7420 EAST CYPRESSHEAD DRIVE	Address	7420 EAST CYPRESSHEAD DRIVE
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

*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:** SHIVANI CHOWDHARY

**MGR**

**03/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date