

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000453068

Entity Name: SAGE DENTAL OF LAKEWOOD RANCH, PLLC

Current Principal Place of Business:

951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 33487 US

FEI Number: 87-3199736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, 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 SAGE DENTAL GROUP OF FLORIDA,
PLLC
Address 951 BROKEN SOUND PKWY STE 250
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT
Name ROARK, CINDY
Address 951 BROKEN SOUND PKWY STE 250
City-State-Zip: BOCA RATON FL 33487

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: CINDY ROARK

PRESIDENT

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date