# 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.

MGRM

SIGNATURE: DOMENIC ALOISE

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000057234

Entity Name: ALOISE PEDIATRIC DENTISTRY, PLLC

## **Current Principal Place of Business:**

720 NORTH MAITLAND AVENUE SUITE 101 MAITLAND, FL 32751

## **Current Mailing Address:**

720 NORTH MAITLAND AVENUE SUITE 101 MAITLAND, FL 32751 US

## FEI Number: 87-4425845

## Name and Address of Current Registered Agent:

EDE, DOUGLAS E 80 SW EIGHTH STREET SUITE 3000 MIAMI, FL 33130 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

#### Authorized Person(s) Detail :

	Title	MGRM	Title	MBR
	Name	ALOISE, DOMENIC M	Name	EDE, DOUGLAS
	Address	SUITE 101	Address	80 SW EIGHTH STREET, SUITE 3000
			City-State-Zip:	MIAMI FL 33130
	City-State-Zip:	MIATLAND FL 32751		

FILED Jan 12, 2024 Secretary of State 7785831357CC

Certificate of Status Desired: Yes

01/12/2024

Date

Date