

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000101770

**Entity Name:** VENTO DENTAL LLC

**Current Principal Place of Business:**

3918 W 12 AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

3918 W 12 AVE  
HIALEAH, FL 33012 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VENTO, YOSVANY J DDS  
16205 NW 83RD CT  
MIAMI LAKES, FL 33016 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            DDS  
Name            VENTO DDS, YOSVANY J DR.  
Address        3918 W 12 AVE  
City-State-Zip: HIALEAH FL 33012

*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:** VENTO DDS , YOSVANY J , DR.

**DENTIST**

**01/30/2023**

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

\_\_\_\_\_ Date