

2024 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.

02/09/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date