

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000186333

**Entity Name:** STLAB FLORIDA LLC

**Current Principal Place of Business:**

12177 SW 132ND CT  
MIAMI, FL 33186

**Current Mailing Address:**

12177 SW 132ND CT  
MIAMI, FL 33186

**FEI Number: 88-2232213**

**Certificate of Status Desired: No**

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

LUIS RODOLFO CASTRO CONCHA  
12177 SW 132ND CT  
MIAMI, FL 33186 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 KUDOS DENTAL SOLUTIONS INC  
Address 12177 SW 132ND CT  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name SALUDTEC  
Address 10723 IVANHOE LN  
City-State-Zip: WELLINGTON FL 33907

*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: LUIS CASTRO**

**MGR**

**04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date