

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000194747

**Entity Name:** ELEVATE SMILES DENTAL CARE LLC

**Current Principal Place of Business:**

206 N HOWARD AVE  
SUITE 2  
TAMPA, FL 33606

**Current Mailing Address:**

206 N HOWARD AVE  
SUITE 2  
TAMPA, FL 33606 US

**FEI Number:** 88-2313192

**Certificate of Status Desired:** Yes

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

MAZARIEGOS, STEPHANIE DMD  
206 N HOWARD AVE  
SUITE 2  
TAMPA, FL 33606 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 MAZARIEGOS, STEPHANIE E DMD  
Address 2418 W LEMON ST  
City-State-Zip: TAMPA FL 33609

*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:** MAZARIEGOS, STEPHANIE E, DMD

MGR

04/15/2025

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

\_\_\_\_\_  
Date