

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000370426

**Entity Name:** XIMELISDENTAL LAB LLC

**Current Principal Place of Business:**

28441 S TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

28441 S TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 61-2055753

**Certificate of Status Desired:** No

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

FOLEY FORENSIC ACCOUNTING LLC  
4100 CORPORATE SQUARE  
ST  
NAPLES, FL 34104 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 RICARDO XIMELIS, ARLEEN  
Address 4152 EVERGLADES BLVD N  
City-State-Zip: NAPLES FL 34120

*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:** ARLEEN RICARDO XIMELIS

MGR

03/04/2024

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

\_\_\_\_\_ Date