

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000411108

**Entity Name:** DENTAL BIOCONCEPTS LLC

**Current Principal Place of Business:**

3530 MYSTIC POINTE DR.  
1205  
AVENTURA, FL 33180

**Current Mailing Address:**

3530 MYSTIC POINTE DR.  
1205  
AVENTURA, FL 33180

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

JULIO, REYNAFARJE  
3530 MYSTIC POINTE DR.  
1205  
AVENTURA, FL 33180 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 OXENSTEIN, MARC SR.  
Address 3530 MYSTIC POINTE DR.  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name PETROZZI, FRANCO SR.  
Address 3530 MYSTIC POINTE DR.  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name REYNAFARJE, JULIO SR.  
Address 3530 MYSTIC POINTE DR.  
City-State-Zip: AVENTURA FL 33180

*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: JULIO REYNAFARJE**

**SR.**

**04/28/2023**

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

\_\_\_\_\_  
Date