

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000475034

Entity Name: IS DENTAL OF FL LLC

Current Principal Place of Business:

10720 SW 47TH ST
MIAMI, FL 33165

Current Mailing Address:

13091 NW 9TH LN
MIAMI, FL 33182 US

FEI Number: 92-0963022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMON, INGRID
10720 SW 47TH ST
MIAMI, FL 33165 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 SIMON, INGRID
Address 10720 SW 47TH ST
City-State-Zip: MIAMI FL 33165

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: INGRID SIMON

MANAGER

02/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date