

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000265727

**Entity Name:** SURFSIDE DENTAL OF FT. MYERS, LLC

**Current Principal Place of Business:**

2543 BLACKBURN CIR.  
CAPE CORAL, FL 33991

**Current Mailing Address:**

2543 BLACKBURN CIR.  
CAPE CORAL, FL 33991 US

**FEI Number:** 93-1654360

**Certificate of Status Desired:** No

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

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PKWY  
SUITE C  
FORT MYERS, FL 33966 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 COSENTINO, PASQUALE  
Address 2543 BLACKBURN CIR.  
City-State-Zip: CAPE CORAL FL 33991

*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:** PASQUALE COSENTINO

MGR

02/02/2024

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

\_\_\_\_\_  
Date