

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000326725

**Entity Name:** SOUTH FLORIDA DENTAL SLEEP MEDICINE, LLC.

**Current Principal Place of Business:**

7228 WEST OAKLAND PARK BLVD  
LAUDERHILL, FL 33313

**Current Mailing Address:**

7228 WEST OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 US

**FEI Number:** 93-2350646

**Certificate of Status Desired:** No

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

MITCHELL J. KLEIN, D.D.S., P.A.  
7228 WEST OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 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	Title	MGR
Name	MITCHELL J. KLEIN, D.D.S., P.A.	Name	KLEIN, MITCHELL J
Address	7228 WEST OAKLAND PARK BLVD	Address	7228 WEST OAKLAND PARK BLVD
City-State-Zip:	LAUDERHILL FL 33313	City-State-Zip:	LAUDERHILL FL 33313

*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: SELF** \_\_\_\_\_

DR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date