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: TY J. ERIKS MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

1625 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301

Current Mailing Address:

3399 WOOLBRIGHT ROAD BOYNTON BEACH. FL 33436

FEI Number: 93-3821903

Name and Address of Current Registered Agent:

ERIKS, SHAREE D 3225 NE 40TH CT FORT LAUDERDALE, FL 33308 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	TY J ERIKS, DMD, CORP	Name	DARREN R. PIKE, M.S., D.M.D., P.A.
Address	3399 WOOLBRIGHT ROAD	Address	299 NW 20TH AVE.
City-State-Zip:	BONYNTON BEACH FL 33436	City-State-Zip:	BOCA RATON FL 33486

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000457855

Entity Name: ERIKS DENTAL GROUP SOUTH, PLLC

Certificate of Status Desired: No

03/14/2024

Date

FILED Mar 14, 2024 Secretary of State 0015977163CC

Date