2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2025
Secretary of State
8924287984CC

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Entity Name: DENTAL ESTHETIC SMILE DESIGN LLC

Current Principal Place of Business:

10121 SW 40TH ST
MIAMI, FL 33165

Current Mailing Address:

10121 SW 40TH ST
MIAMI, FL 33165 US

FEI Number: 93-4333574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUCONGER, RAUL
10121 SW 40TH 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	AMBR	Title	AMBR
Name	DUCONGER, RAUL	Name	DUCONGER, DULIET
Address	10121 SW 40TH ST	Address	10121 SW 40TH ST
City-State-Zip:	MIAMI FL 33165	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: DUCONGER, RAUL AMBR 03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date