

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000508972

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
Name DUCONGER, RAUL
Address 10121 SW 40TH ST
City-State-Zip: MIAMI FL 33165

Title AMBR
Name DUCONGER, DULIET
Address 10121 SW 40TH 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: RAUL DUCONGER

AMBR

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date