

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000517936

**Entity Name:** INVERSIONES ALL DENTAL LLC

**Current Principal Place of Business:**

14179 MISTY MEADOW LN  
HOUSTON, TX 77079

**Current Mailing Address:**

14179 MISTY MEADOW LN  
HOUSTON, TX 77079 US

**FEI Number:** 93-4510056

**Certificate of Status Desired:** No

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

TAX CARE SWEETWATER  
1400 NW 107TH AVE  
SUITE 203  
MIAMI, FL 33172 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	BENCOMO GONZALEZ, PEDRO M	Name	IBANEZ BADILLO, FRANKLIN ALEXANDER
Address	14179 MISTY MEADOW LN	Address	14179 MISTY MEADOW LN
City-State-Zip:	HOUSTON TX 77079	City-State-Zip:	HOUSTON TX 77079

*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:** PEDRO M BENCOMO GONZALEZ

**MGR**

**05/08/2024**

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

\_\_\_\_\_  
Date