

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000028781

Entity Name: TRENTON IMPLANTS AND DENTAL SURGERY, LLC

Current Principal Place of Business:

4121 DEL PRADO BLVD.
CAPE CORAL, FL 33904

Current Mailing Address:

4121 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

FEI Number: 99-0704454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RASMUSSEN, NICOLE
12761 EAGLE ROAD
CAPE CORAL, FL 33909 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 PARSONS, ANDREA
Address 16029 HARBOUR PALMS DR
City-State-Zip: FT. MYERS FL 33908

Title AMBR
Name RASMUSSEN, NICOLE
Address 12761 EAGLE RD
City-State-Zip: CAPE CORAL FL 33909

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: NICOLE RASMUSSEN

MGR

04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date