

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000098032

Entity Name: STUDIO DENTAL CENTER FOR ADVANCED DENTISTRY LLC

Current Principal Place of Business:

12150 W SUNRISE BLVD
PLANTATION, FL 33323

Current Mailing Address:

11860 NW 21ST CT
PLANTATION, FL 33323

FEI Number: 99-1621829

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVENKA, CYNTHIA B
11860 NW 21ST CT
PLANTATION, FL 33323 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 LAVENKA, CYNTHIA B
Address 11860 NW 21ST CT
City-State-Zip: PLANTATION FL 33323

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: CYNTHIA BOUCHARD-LAVENKA

OWNER

04/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date