

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L24000260935

Entity Name: HOUSE OF SMILES DENTAL LLC

Current Principal Place of Business:

6800 SW 40TH ST
#451
MIAMI, FL 33155

Current Mailing Address:

6800 SW 40TH ST
#451
MIAMI, FL 33155 US

FEI Number: 99-3534316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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: DAVID ROBERTS

10/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name VENTURA-MONZON, CATHERINE
Address 6800 SW 40TH ST #451
City-State-Zip: MIAMI FL 33155

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: CATHERINE VENTURA-MONZON

AMBR

10/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date