

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000472194

**Entity Name:** PLANTATION DENTAL STUDIO AND IMPLANT CENTER PLLC

**Current Principal Place of Business:**

1411 SOUTH UNIVERSITY DRIVE  
PLANTATION, FL 33324

**Current Mailing Address:**

1411 SOUTH UNIVERSITY DRIVE  
PLANTATION, FL 33324 US

**FEI Number:** 33-1861162

**Certificate of Status Desired:** No

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

ASINMAZ, ARMAND A  
8235 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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            ASINMAZ, MIHRAN  
Address        8235 W ATLANTIC BLVD  
City-State-Zip: CORAL SPRINGS FL 33071

Title            MGR  
Name            ASINMAZ, ARMAND  
Address        8235 W ATLANTIC BLVD  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** ARMAND ASINMAZ

**AUTHORIZED MEMBER**

**03/24/2025**

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

\_\_\_\_\_  
Date