

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000502952

Entity Name: WESTBROOK ENDODONTICS, PLLC

Current Principal Place of Business:

795 COBBLESTONE WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

795 COBBLESTONE WAY
ORMOND BEACH, FL 32174 US

FEI Number: 33-4735329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTBROOK, KYLE
795 COBBLESTONE WAY
ORMOND BEACH, FL 32174 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 WESTBROOK, KYLE
Address 795 COBBLESTONE WAY
City-State-Zip: ORMOND BEACH FL 32174

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: KYLE WESTBROOK

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date