

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000499562

**Entity Name:** KARI MANN, D.D.S., PLLC

**Current Principal Place of Business:**

4117 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4117 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL, FL 33904 US

**FEI Number:** 87-3737615

**Certificate of Status Desired:** No

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

MANN, KARI R DR.  
4117 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL, FL 33904 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:** KARI R MANN

02/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MANN, KARI DDS  
Address 4117 DEL PRADO BOULEVARD  
SOUTH  
City-State-Zip: CAPE CORAL FL 33904

*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:** KARI R MANN DDS

**OWNER/MEMBER**

02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date