

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000281085

Entity Name: DENTAL MANAGEMENT SUPPORT SERVICES, LLC

Current Principal Place of Business:

6223 HIGHCROFT DRIVE
NAPLES, FL 34119

Current Mailing Address:

6223 HIGHCROFT DRIVE
NAPLES, FL 34119 US

FEI Number: 88-3316321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FECK, TONY
6223 HIGHCROFT DRIVE
NAPLES, FL 34119 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 MGR
Name FECK, TONY
Address 6223 HIGHCROFT DRIVE
City-State-Zip: NAPLES FL 34119

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: TONY FECK

MGR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date