## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000023041

**Entity Name: BENZADENT LLC** 

**Current Principal Place of Business:** 

1050 93RD STREET, APT 5H BAY HARBOR ISLANDS. FL 33154

**Current Mailing Address:** 

1050 93RD STREET, APT 5H BAY HARBOR ISLANDS. FL 33154 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELANIKIO, JOSE ESQ 1050 93RD STREET, APT 5H BAY HARBOR ISLANDS, FL 33154 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

**FILED** Apr 24, 2024

**Secretary of State** 

2355847436CC

## Authorized Person(s) Detail:

Title MGR

BENZAQUEN CHOCRON, MERCEDES Name

1050 93RD STREET, APT 5H Address

City-State-Zip: BAY HARBOR ISLANDS FL 33154

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: BENZAQUEN CHOCRON, MERCEDES N Electronic Signature of Signing Authorized Person(s) Detail **MGR** 

04/24/2024

Date