

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000030658

**Entity Name:** DENTAL ESTHETIC LAB LLC

**Current Principal Place of Business:**

4154 SW 70TH CT  
MIAMI, FL 33155

**Current Mailing Address:**

4154 SW 70TH CT  
MIAMI, FL 33155

**FEI Number:** 92-1944206

**Certificate of Status Desired:** No

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

DUCONQER, RAUL  
4154 SW 70TH CT  
MIAMI, FL 33155 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	Title	AMBR
Name	DULIER DUCONQER	Name	RAUL DUCONQER
Address	4154 SW 70TH CT	Address	4154 SW 70TH CT
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** RAUL DUCONQER

AMBR

04/03/2024

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

\_\_\_\_\_  
Date