

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010435

**Entity Name:** INDEPENDENCE DENTAL LLC

**Current Principal Place of Business:**

539 W COMMERCE ST SUITE 5901  
DALLAS, TX 75208

**Current Mailing Address:**

539 W COMMERCE ST SUITE 5901  
DALLAS, TX 75208 US

**FEI Number:** 30-1238003

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 E PARK AVE2 FL  
TALLAHASSEE, FL 32301 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 AP  
Name THERIAULT, LANE  
Address 99 WALL ST #3902  
City-State-Zip: NEW YORK NY 10005

*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:** LANE THERIAULT

**OFFICER**

**05/01/2023**

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

\_\_\_\_\_  
Date