

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017603

**Entity Name:** PALM COAST DENTAL PARTNERS, LLC

**Current Principal Place of Business:**

8429 LORRAINE RD., STE. 426  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8429 LORRAINE RD., STE. 426  
LAKEWOOD RANCH, FL 34202

**FEI Number:** 92-1112027

**Certificate of Status Desired:** No

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

GIANNINI, ALESSANDRO  
8429 LORRAINE RD., STE. 426  
LAKEWOOD RANCH, FL 34202 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            MBR  
Name            GIANNINI, ALESSANDRO  
Address        8429 LORRAINE RD., STE. 426  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** ALESSANDRO GIANNINI

MBR

03/11/2023

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

\_\_\_\_\_ Date