

2024 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

03/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date