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B0157-8910 11/06/2020 3:48PM Rec'd by SD SOS

# ANNUAL REPORT

Secretary of State  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

Domestic Limited Liability Company  
SDCL 47-34A-211; 59-11-24, 24.1

Filing Fee: \$50  

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Total Fee: \$50

**2020**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

1. Business ID and Name:

**DL128408**  
BUSINESS ID

**CHRIS DIAZ-FREED DENTAL, PROF. LLC**  
BUSINESS NAME

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address):

Actual Street Address

**8604 S QUIET OAK CIRCLE  
SIOUX FALLS, SD 57108**

Mailing Address

**8604 S QUIET OAK CIRCLE  
SIOUX FALLS, SD 57108**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, or (b) a commercial registered agent.

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA: **REGISTERED AGENTS INC (0000035)**

Actual Street Address in this State

**25 1ST AVE SW  
STE A  
WATERTOWN, SD 57201-3507**

Mailing Address in this State

5. If the LLC is manager-managed, list the names and addresses of its Managers. SDCL 59-11-24. If the LLC is member-managed, this section may be left blank.

Name

Address

**Christopher Diaz-Freed**

**8604 S Quiet Oak Circle, Sioux Falls, SD 57108**

6. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

Name

Address

**chris diaz-freed**

**8604 S Quiet Oak Cir Sioux Falls SD 57108**

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).



11/06/2020

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Riley Park*

\_\_\_\_\_  
Signature of an Authorized Person

Riley Park

\_\_\_\_\_  
Printed Name

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