

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000035209

1. Entity Name
AVENTURA DENTAL ARTS, LLC



Principal Place of Business
**18851 NE 29 AVE
301
AVENTURA, FL 33180**

Mailing Address
**18851 NE 29 AVE
301
AVENTURA, FL 33180**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0178596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANN & WOLF, LLP
4300 N. UNIVERSITY DRIVE, #C-203
SUNRISE, FL 33351**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRILLO, LARRY B DDS
18851 NE 29 AVE
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GALE, JOEL C DDS
18851 NE 29 AVE
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000731061
01/23/08-80059-004 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LARRY B. Grillo, DDS

JOEL

GALE

1/108

Date

305-682-1414

Daytime Phone #