

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/31/2003-90809-017-\$50.00-\$50.00

DOCUMENT # L02000035209

1. Entity Name

AVENTURA DENTAL ARTS, LLC



FILED

03 APR 17 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1021 IVES DAINY ROAD

Suite, Apt. #, etc.

SUITE 121

City & State

NORTH MIAMI BCH, FL

Zip

33179

Country

USA

3. Mailing Address

1021 IVES DAINY RD

Suite, Apt. #, etc.

STE 121

City & State

NORTH MIAMI BCH, FL

Zip

33179

Country

USA

4. FEI Number

92-0178596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MANN & WOLF, LLP

Street Address (P.O. Box Number is Not Acceptable)

4300 N. UNIVERSITY DRIVE
SUITE C-203

City: SUNRISE FL

FL

Zip Code

33351

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

LARRY B. GRILLO, DDS / Pres. / Joel C. Gaze, DMD / Sec. C. Gaze, DMD / Pres.

DATE

4/1/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

BK

9. MANAGING MEMBERS/MANAGERS

TITLE: MEMBER
NAME: LARRY B. GRILLO, DDS
STREET ADDRESS: 1021 IVES DAINY RD. #121
CITY-ST-ZIP: N.M.B., FL 33179

TITLE: MEMBER
NAME: JOEL C. GAZE, DMD
STREET ADDRESS: 1021 IVES DAINY ROAD #121
CITY-ST-ZIP: N.M.B., FL 33179

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DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Larry B. Grillo, DDS / Pres. / Joel C. Gaze, DMD / Sec. C. Gaze, DMD / Pres.

4/2/03

305-651-607

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

Date

Daytime Phone #

CR2E083B (12/02)