

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000035209

**FILED  
Jan 12, 2015  
Secretary of State  
CC1770375373**

**Entity Name:** AVENTURA DENTAL ARTS, LLC

**Current Principal Place of Business:**

18851 NE 29 AVE  
# 301  
AVENTURA, FL 33180

**Current Mailing Address:**

18851 NE 29 AVE  
# 301  
AVENTURA, FL 33180

**FEI Number:** 92-0178596

**Certificate of Status Desired:** No

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

MANN & WOLF, LLP  
4300 N. UNIVERSITY DRIVE, #C-203  
SUNRISE, FL 33351 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	MGRM	Title	MGRM
Name	GRILLO, LARRY BDDS	Name	GALE, JOEL CDDS
Address	18851 NE 29 AVE	Address	18851 NE 29 AVE
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

*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:** LARRY B. GRILLO, DDS

MGRM

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date