

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000035209

**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  
Name GRILLO, LARRY BDDS  
Address 18851 NE 29 AVE  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name GALE, JOEL CDDS  
Address 18851 NE 29 AVE  
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:** JOEL C GALE, DMD

MGRM

01/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date