# 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

Electronic Signature of Signing Authorized Person(s) Detail

### 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

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

MANN & WOLF, LLP 7800 W. OAKLAND PARK BLVD SUITE B-104 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

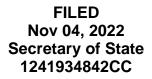
Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	GRILLO, LARRY B DDS	Name	GALE, JOEL C DMD
Address	18851 NE 29 AVE	Address	18851 NE 29 AVE
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	AUTHORIZED MEMBER		
Name	OTERO, NURIA DMD		
Address	18851 NE 29 AVE # 301		
City-State-Zip:	AVENTURA FL 33180		

OWNER

Certificate of Status Desired: Yes

11/04/2022

Date



Date