

2024 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
9886 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071 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 B DDS
Address 18851 NE 29 AVE
City-State-Zip: AVENTURA FL 33180

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

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 GALE

MGRM

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date