

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083765

**Entity Name:** AMERICAN DENTAL OF FLORIDA--MARGATE, LLC

**Current Principal Place of Business:**

1605 N. STATE ROAD 7  
STE C  
MARGATE, FL 33063

**Current Mailing Address:**

1605 N. STATE ROAD 7  
STE C  
MARGATE, FL 33063 US

**FEI Number: 26-3291016**

**Certificate of Status Desired: No**

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

KERNS, JAMES  
7219 NW 23RD ST  
PEMBROKE PINES, FL 33024 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 KERNS, JAMES  
Address 7219 NW 23RD ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title MANAGER  
Name AZAR, DIEGO  
Address 730 RIVERSIDE DRIVE`  
City-State-Zip: CORAL SPRINGS FL 33071

*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: JAMES KERNS** \_\_\_\_\_

**MANAGER**

**02/12/2019**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date