

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074282

Entity Name: DENTIMED SAO JOAO LLC

Current Principal Place of Business:

763 SHOTGUN RD
SUNRISE, FL 33326

Current Mailing Address:

763 SHOTGUN RD
SUNRISE, FL 33326 US

FEI Number: 27-0673670

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DA SILVA SUAREZ, ANGELINA
765 SHOTGUM ROAD
SUNRISE, FL 33326 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 MGR
Name DA SILVA SUAREZ, ANGELINA
Address 765 SHOTGUM ROAD
City-State-Zip: SUNRISE FL 33326

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: DA SILVA SUAREZ, ANGELINA

MANAGER

02/11/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date