

**2017 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

MGR

04/07/2017

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

\_\_\_\_\_ Date