# 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: FRANCO MASCIOLI

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L09000101984

Entity Name: AAA DENT OF CENTRAL FLORIDA, LLC

## **Current Principal Place of Business:**

2200 N FORSYTH RD SUITE A-9 WINTER PARK, FL 32793

## **Current Mailing Address:**

3320 HADLEIGH CREST ORLANDO, FL 32817

## FEI Number: 59-3339603

## Name and Address of Current Registered Agent:

CARDAMA, LORENA RESQ 925 W CENTRAL BLVD ORLANDO, FL 32805 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.

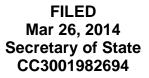
## SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MASCIOLI, FRANCO C	Name	DE MARCO, DARIO
Address	2134 MOUNTAIN ASH WAY	Address	2134 MOUNTAIN ASH WAY
City-State-Zip:	NEW PORT RICHEY FL 34655	City-State-Zip:	NEW PORT RICHEY FL 34655

MEMBER Electronic Signature of Signing Authorized Person(s) Detail



Date

Certificate of Status Desired: No

03/26/2014 Date