

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101984

**Entity Name:** AAA DENT OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

6930 VENTURE CIR  
SUITE A-1  
ORLANDO, FL 32807

**Current Mailing Address:**

3320 HADLEIGH CREST  
ORLANDO, FL 32817

**FEI Number:** 59-3339603

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

*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

**MGR**

**05/01/2015**

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

\_\_\_\_\_  
Date