

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101984

Entity Name: AAA DENT OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3320 HADLEIGH CREST
ORLANDO, FL 32817

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCO MASCIOLI

MEMBER MGR

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date