

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000045094

Entity Name: NOBE DENTAL CARE, PLLC

Current Principal Place of Business:

227 71ST STREET
MIAMI BEACH, FL 33141

Current Mailing Address:

227 71ST STREET
MIAMI BEACH, FL 33141

FEI Number: 80-0586189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUARIN-CASTILLO, SANDRA E
227 71ST STREET
MIAMI BEACH, FL 33141 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: SANDRA E GUARIN-CASTILLO

04/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CASTILLO, D.D.S., JUAN I
Address 227 71ST STREET
City-State-Zip: MIAMI BEACH FL 33141

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: JUAN I CASTILLO, D.D.S.

MGRM

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date