# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L11000123984

Entity Name: DIPP DENTAL LABORATORY, LLC

# **Current Principal Place of Business:**

2500 W 78TH ST. UNIT 8 HIALEAH, FL 33016

#### **Current Mailing Address:**

2500 W 78TH ST. UNIT 8 HIALEAH, FL 33016 US

#### FEI Number: 45-3717027

#### Name and Address of Current Registered Agent:

SANCHEZ, DANIEL L 2500 W 78TH ST. UNIT 8 HIALEAH, FL 33016 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	MGRM	Title	MGRM
Name	SANCHEZ, DANIEL L	Name	NORIEGA, SAMUEL D
Address	2500 W 78TH ST. UNIT 8	Address	2500 W 78TH ST. UNIT 8
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016

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: SAMUEL NORIEGA

MGRM

02/20/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date