

**2018 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

**Certificate of Status Desired:** No

**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

Date

**Authorized Person(s) Detail :**

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

Title MGRM  
Name NORIEGA, SAMUEL D  
Address 2500 W 78TH ST.  
UNIT 8  
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:** DANIEL SANCHEZ

**MANAGING MEMBER**

**01/17/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date