

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000124844

Entity Name: DENTAMERICA, LLC

Current Principal Place of Business:

5810 S FLAMINGO ROAD
COOPER CITY, FL 33330

Current Mailing Address:

12545 ORANGE DRIVE
SUITE 501
DAVIE, FL 33330 US

FEI Number: 45-3745204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTAMARTA, FRANCISCO DDS
12545 ORANGE DRIVE
SUITE 501
DAVIE, FL 33330 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 FRANCISCO MONTAMARTA, DDS, PA
Address 12545 ORANGE DRIVE #501
City-State-Zip: DAVIE FL 33330

Title MGRM
Name FERBRETON CORP
Address 5810 SOUTH FLAMINGO RD
City-State-Zip: COOPER CITY FL 33330

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: LUIS F BRETON

VP

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date