

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048007

**Entity Name:** TIFFANY BERKSHIRE IRAHETA, LLC

**Current Principal Place of Business:**

14771 BISCAYNE BLVD  
N. MIAMI BCH, FL 33181

**Current Mailing Address:**

PO BOX 530611  
MIAMI, FL 33153 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BISCAYNE DENTAL CENTER, INC  
14771 BISCAYNE BLVD  
N. MIAMI BCH, FL 33181 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 TIFFANY BERKSHIRE IRAHETA  
Address PO BOX 530611  
City-State-Zip: MIAMI FL 33153

*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:** TIFFANY BERKSHIRE IRAHETA

MGRM

05/03/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date