

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000082876

Entity Name: DENTCOW, LLC

Current Principal Place of Business:

245 S.E. 1ST STREET, SUITE 403
MIAMI, FL 33131

Current Mailing Address:

245 S.E. 1ST STREET, SUITE 403
MIAMI, FL 33131

FEI Number: 46-0536236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIORE, JOSE
245 S.E. 1ST STREET, SUITE 403
MIAMI, FL 33131 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 GRANELLA, PABLO
Address 245 S.E. 1ST STREET, SUITE 403
City-State-Zip: MIAMI FL 33131

Title MGRM
Name VILLA SANTANDER, ALFREDO LUIS
Address 245 S.E. 1ST STREET, SUITE 403
City-State-Zip: MIAMI FL 33131

Title MGRM
Name FIORE, JOSE
Address 245 S.E. 1ST STREET, SUITE 403
City-State-Zip: MIAMI FL 33131

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: JOSE FIORE

MGRM

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date