

**2017 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

06/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date