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 ROBERT A DEL CASTILLO	PRESIDENT	03/14/2018

SIGNATURE: ROBERT A DEL CASTILLO

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 7735 N.W. 146TH STREET, #104 MIAMI LAKES. FL 33016

Current Mailing Address:

DOCUMENT# L12000091308

7735 N.W. 146TH STREET, #104 MIAMI LAKES. FL 33016

FEI Number: 46-0574953

Name and Address of Current Registered Agent:

DEL CASTILLO, ROBERT A 7735 N.W. 146TH STREET, #104 MIAMI LAKES, 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: ROBERT A DEL CASTILLO

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AMBR Name DEL CASTILLO, ROBERT A Address 7735 N.W. 146TH STREET, #104 City-State-Zip: MIAMI LAKES FL 33016

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MIAMI LAKES PERIODONTAL AND COSMETIC CENTER, LLC

FILED Mar 14, 2018 Secretary of State CC7262259704

Certificate of Status Desired: Yes

03/14/2018

Date

Date