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	AMBR	01/15/2020

SIGNATURE: ROBERT A DEL CA	

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 46-0574953

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

Current Principal Place of Business:

Name and Address of Current Registered Agent:

DEL CASTILLO, ROBERT A 7735 N.W. 146TH STREET, #104 MIAMI LAKES, FL 33016 US

DOCUMENT# L12000091308

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

Current Mailing Address:

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

Entity Name: MIAMI LAKES PERIODONTAL AND COSMETIC CENTER, LLC

FILED Jan 15, 2020 Secretary of State 9622984583CC

Certificate of Status Desired: No

01/15/2020

Date

Date

AMBR