

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091308

**Entity Name:** MIAMI LAKES PERIODONTAL AND COSMETIC CENTER, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 46-0574953

**Certificate of Status Desired:** No

**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

02/11/2019

Electronic Signature of Registered Agent

Date

**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

*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:** DR ROBERT A DEL CASTILLO.D.M.D.

PRES

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date