

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000094484

Entity Name: MAZA DENTAL SOLUTIONS,LLC

Current Principal Place of Business:

3018 OAK STREET
APT 2
JACKSONVILLE, FL 32205

Current Mailing Address:

3018 OAK STREET
APT 2
JACKSONVILLE, FL 32205 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZA, CARLOS A
3018 OAK STREET
APT 2
JACKSONVILLE, FL 32205 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 MGR
Name MAZA, CARLOS A
Address 3018 OAK STREET
APT 2
City-State-Zip: JACKSONVILLE FL 32205

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: CARLOS MAZA

PRESIDENT

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date