

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000047208

**Entity Name:** BELLA SMILE DENTISTRY LLC

**Current Principal Place of Business:**

2720 SW 97TH AVE  
SUITE 101  
MIAMI, FL 33165

**Current Mailing Address:**

2720 SW 97TH AVE  
SUITE 101  
MIAMI, FL 33165 US

**FEI Number:** 46-2466594

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMOS MENDOZA, JORGE DMD  
2720 SW 97TH AVE  
SUITE 101  
MIAMI, FL 33165 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 RAMOS MENDOZA, JORGE DMD  
Address 2720 SW 97 AVE  
SUITE 101  
City-State-Zip: MIAMI FL 33165

*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:** JORGE RAMOS MENDOZA

**OWNER**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date