## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089801

Entity Name: FLORIDA FAMILY DENTAL LLC

### **Current Principal Place of Business:**

10624 S FEDERAL HWY PORT SAINT LUCIE, FL 34952

## **Current Mailing Address:**

8961 LITTLE FALLS WAY DELRAY BEACH, FL 33446 US

# FEI Number: 46-3023423

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

IMERY, GILBERTO 8961 LITTLE FALLS WAY DELRAY BEACH, FL 33446 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	IMERY, GILBERTO	Name	CRUCES, MANUEL
Address	8961 LITTLE FALLS WAY	Address	8961 LITTLE FALLS WAY
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446

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: IMERY, GILBERTO

MGR

03/05/2015 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 05, 2015 Secretary of State CC2153209205

Date

Certificate of Status Desired: No