

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000118828

Entity Name: AVM DENTAL ASSISTANT SCHOOL, LLC

Current Principal Place of Business:

3735 SW 8TH ST., SUITE 203
CORAL GABLES, FL 33134

Current Mailing Address:

3735 SW 8TH ST., SUITE 203
CORAL GABLES, FL 33134

FEI Number: 32-0423319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VELAQUEZ, ANGEL L DMD
650 WEST AVE APT1710
MIAMI BEACH, FL 33139 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 VELAQUEZ, ANGEL L DMD
Address 650 WEST AVE APT 1710
City-State-Zip: MIAMI BEACH FL 33139

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: ANGEL L VELAQUEZ

PS

02/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date