

**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