

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014445

**Entity Name:** BOCA DENTAL SUPPLY, LLC

**Current Principal Place of Business:**

3401 N. FEDERAL HHWY  
211  
BOCA RATON, FL 33431

**Current Mailing Address:**

3401 N. FEDERAL HHWY  
211  
BOCA RATON, FL 33431 US

**FEI Number:** 46-4745953

**Certificate of Status Desired:** No

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

BETANCUR, ALVARO  
581 PHILLIPS DR.  
BOCA RATON, FL 33432 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:** ALVARO BETANCUR

04/01/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	PRESIDENT
Name	BETANCUR, ROSA	Name	BETANCUR, ALVARO DR.
Address	581 PHILLIPS DR	Address	3401 N. FEDERAL HHWY 211
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33431

*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:** ALVARO BETANCUR/

PRESIDENT

04/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date