

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000021348

Entity Name: LEGON FAMILY DENTAL CARE, PLLC

Current Principal Place of Business:

12277 SW 16TH TERRACE, #102
MIAMI, FL 33175

Current Mailing Address:

12277 SW 16TH TERRACE, #102
MIAMI, FL 33175

FEI Number: 46-4787624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGON VALDES, ENRIQUE A
12277 SW 16TH TERRACE, #102
MIAMI, FL 33175 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 LEGON VALDES, ENRIQUE A
Address 12277 SW 16TH TERRACE, #102
City-State-Zip: MIAMI FL 33175

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: LEGON VALDES , ENRIQUE A

MGRM

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date