

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000057393

Entity Name: 4 DENTAL PRODUCTS L.L.C.**Current Principal Place of Business:**911 MONTICELLO AVE
DAVIE, FL 33325**Current Mailing Address:**911 MONTICELLO AVE
DAVIE, FL 33325 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALET, RAFAEL A
911 MONTICELLO AVE
DAVIE, FL 33325 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	AR
Name	MEZA, KARINA
Address	13287 NW 5 ST
City-State-Zip:	PLANTATION FL 33325
Title	MGR
Name	FLORES, CYNTHIA B
Address	LOMA ROSA 161 URB PROLONG. BENAVIDES
City-State-Zip:	SANTIAGO DE SURCO LIMA OC

Title	MGR
Name	PALET, RAFAEL A
Address	13287 NW 5 ST
City-State-Zip:	PLANTATION FL 33325
Title	MGR
Name	GOGIN, ROBERTO J
Address	CALLE LOS BIÁLOGOS H 15 URB SAN CESAR
City-State-Zip:	LA MOLINA LIMA OC

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: RAFAEL PALET**REGISTERED AGENT****04/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date