2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2017
Secretary of State
CC1936056285

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	Title	MGR
Name	MEZA, KARINA	Name	PALET, RAFAEL A
Address	13287 NW 5 ST	Address	13287 NW 5 ST
City-State-Zip:	PLANTATION FL 33325	City-State-Zip:	PLANTATION FL 33325
Title	MGR	Title	MGR
Name	FLORES, CYNTHIA B	Name	GOGIN, ROBERTO J
Address	LOMA ROSA 161 URB PROLONG. BENAVIDES	Address	CALLE LOS BIÃLOGOS H 15 URB SAN CESAR
City-State-Zip:	SANTIANGO DE SURCO LIMA OC	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 MNGR 02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date