Electronic Signature of Signing Authorized Person(s) Detail

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195830

Entity Name: ILLUSTRADENT KEY BISCAYNE PLLC

## **Current Principal Place of Business:**

240 CRANDON BLVD. SUITE 104 KEY BISCAYNE, FL 33149

### **Current Mailing Address:**

240 CRANDON BLVD. SUITE 104 KEY BISCAYNE, FL 33149 US

### **FEI Number: NOT APPLICABLE**

## Name and Address of Current Registered Agent:

PEREZ, MAYRA VIDE 240 CRÁNDON BLVD. SUITE 104 KEY BISCAYNE, FL 33149 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	: MAYRA VIDE PEREZ			03/16/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	ROSENBERG-PALAVSKY, MARA DDS	Name	VIDE -PEREZ, MAYRA	
Address	236 WOODLANDS ROAD	Address	240 CRANDON BLVD. SUITE 104	
City-State-Zip:	HARRISON NY 10528	City-State-Zip:	KEY BISCAYNE FL 33149	

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.

**ADMINSTRATOR** 

## SIGNATURE: MAYRA VIDE-PEREZ

## FILED Mar 16, 2017 Secretary of State CC8683870089

Certificate of Status Desired: No

03/16/2017 Date