

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000111453

**Entity Name:** SERGIO JACAS D.M.D., LLC

**Current Principal Place of Business:**

505 S PINE ISLAND RD  
APT 407  
PLANTATION , FL 33324

**FILED**  
**Jan 10, 2016**  
**Secretary of State**  
**CC1139358491**

**Current Mailing Address:**

505 S PINE ISLNAD RD  
APT 407  
PLANTATION, FL 33324 US

**FEI Number: 47-4517806**

**Certificate of Status Desired: No**

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

JACAS, SERGIO  
505 S PINE ISLNAD RD  
APT 407  
PLANTATION, FL 33324 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            JACAS, SERGIO  
Address        505 S PINE ISLNAD RD  
                  APT 407  
City-State-Zip: PLANTATION FL 33324

*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: SERGIO JACAS**

**MGR**

**01/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date