

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000115846

**FILED**  
**Apr 23, 2017**  
**Secretary of State**  
**CC8990661479**

**Entity Name:** EMBRACE YOUR PRACTICE DENTAL CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

5379 LYONS RD  
SUITE: 122  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5379 LYONS RD  
SUITE: 122  
COCONUT CREEK, FL 33073 US

**FEI Number:** 47-4522447

**Certificate of Status Desired:** No

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

JUGOVIC, CATHY  
3570 MORNINGSIDE PLACE  
COCONUT CREEK, FL 33073 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 JUGOVIC, CATHY  
Address 5379 LYONS RD, SUITE #122  
City-State-Zip: COCONUT CREEK FL 33073

Title MGR  
Name MENENDEZ, ANGIE  
Address 5379 LYONS RD, SUITE #122  
City-State-Zip: COCONUT CREEK FL 33073

*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:** CATHY JUGOVIC

MGR

04/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date