

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000127060

**Entity Name:** MASTER DENTAL GROUP LLC

**Current Principal Place of Business:**

1870 NE 124TH ST  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

1870 NE 124TH ST  
NORTH MIAMI, FL 33181 US

**FEI Number:** 47-4713312

**Certificate of Status Desired:** No

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

VARESANO, VICENTE  
1870 NE 124TH ST  
NORTH MIAMI, FL 33181 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	Title	MGR
Name	VARESANO, VICENTE	Name	BELISARIO, NATHALIE
Address	1870 NE 124TH ST	Address	1870 NE 124TH ST
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181

*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:** VICENTE VARESANO

MGR

05/01/2017

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

\_\_\_\_\_ Date