

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139054

**Entity Name:** DS DENTAL CARE, LLC

**Current Principal Place of Business:**

2100 E HALLANDALE BEACH BLVD  
SUITE # 304  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

8005 NW 8 ST  
APTO # 323  
MIAMI, FL 33126 US

**FEI Number:** 47-4843253

**Certificate of Status Desired:** No

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

SANTANA, DANIA  
8005 NW 8 ST  
APTO # 323  
MIAMI, FL 33126 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:** DANIA SANTANA

01/14/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANTANA, DANIA  
Address 8005 NW 8 ST  
APTO # 323  
City-State-Zip: MIAMI FL 33126

*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:** DANIA SANTANA

MGR

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date