

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000162780

Entity Name: ALTA DENTAL LABORATORY LLC

Current Principal Place of Business:

2981 W SR 434,
SUITE 400
LONGWOOD, FL 32779

Current Mailing Address:

1714 SHADYREST COURT
LAKE MARY, FL 32746 US

FEI Number: 47-5163302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDOVAL, LEONIDES
1714 SHADYREST COURT
LAKE MARY, FL 32746 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 AMBR
Name SANDOVAL, MARIA C
Address 1714 SHADYREST COURT
City-State-Zip: LAKE MARY FL 32746

Title AMBR
Name SANDOVAL, JOSE
Address 1714 SHADYREST COURT
City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT
Name SANDOVAL, LEONIDES DR.
Address 125 ROBIN ROAD
 SUITE A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: LEONIDES SANDOVAL DDS

PRESIDENT

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date