

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000213022

**Entity Name:** DENTAL PROFESSION LLC

**Current Principal Place of Business:**

1423 MASON AVE  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1423 MASON AVE  
JACKSONVILLE, FL 32209 US

**FEI Number: 81-0943747**

**Certificate of Status Desired: No**

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

HENAO, JUAN DAVID SR.  
1423 MASON AVE  
JACKSONVILLE, FL 32209 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:** JUAN DAVID HENAO

04/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            HENAO, JUAN D  
Address        1423 MASON AVE  
City-State-Zip: JACKSONVILLE FL 32209

*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:** HENAO , JUAN D

AMBR

04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date