

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000019324

Entity Name: 1 DAY DENTAL, LLC

Current Principal Place of Business:

6799 COLLINS AVE.
SUITE S602
MIAMI BEACH, FL 33141

Current Mailing Address:

6799 COLLINS AVE.
SUITE S602
MIAMI BEACH, FL 33141 US

FEI Number: 81-1368477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLFSON, WILLIAM
6799 COLLINS AVE.
MIAMI, FL 33141 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: WILLIAM WOLFSON

01/29/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name WOLFSON, WILLIAM DMD
Address 6799 COLLINS AVE.
SUITE S602
City-State-Zip: MIAMI BEACH FL 33141

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: WILLIAM WOLFSON

AMBR

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date