

2017 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:

WINTERS, BETH
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

Title AR
Name WINTERS, BETH
Address 960 MORRIS PARK AVE.
City-State-Zip: BRONX NY 10462

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: BETH WINTERS

AR

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date