

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000144278

Entity Name: OH II DENTAL, LLC

Current Principal Place of Business:

5651 DAVIE RD
SUITE A
DAVIE, FL 33314

Current Mailing Address:

5651 DAVIE RD
SUITE A
DAVIE, FL 33314 US

FEI Number: 81-3923649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEBB MILLSAPS LAW FIRM, PA
160 W. CAMINO REAL, #190
BOCA RATON, FL 33486 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 AUTHORIZED REPRESENTATIVE
Name MAGURNO, MARIA F
Address 5651 DAVIE RD
SUITE A
City-State-Zip: DAVIE FL 33314

Title AUTHORIZED MEMBER
Name MAGURNO, MARIA A
Address 5651 DAVIE RD
SUITE A
City-State-Zip: DAVIE FL 33314

Title AUTHORIZED REPRESENTATIVE
Name PAGES, ALEJANDRO
Address 5651 DAVIE RD
SUITE A
City-State-Zip: DAVIE FL 33314

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: MARIA ALEJANDRA MAGURNO

03/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date