

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000087957

**Entity Name:** ATLANTIC PACIFIC PARTNERSHIP, LLC

**Current Principal Place of Business:**

300 S. BISCAYNE BLVD.  
3701  
MIAMI, FL 33131

**Current Mailing Address:**

300 S. BISCAYNE BLVD.  
3701  
MIAMI, FL 33131 US

**FEI Number:** 82-5296696

**Certificate of Status Desired:** No

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

PARLADE, JAIME L  
5975 SUNSET DRIVE  
802  
SOUTH MIAMI, FL 33143 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 BRICKELL ENDODONTICS, PLLC  
Address 300 S. BISCAYNE BLVD., SUITE 3701  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MINH PHAM, DDS, INC.  
Address 500 BRICKELL AVENUE, SUITE 3802  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name PAPPATERRA DENTAL CORP.  
Address 7280 SW 163RD AVE  
City-State-Zip: MIAMI FL 33193

*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:** BRICKELL ENDODONTICS

MGR

01/07/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date