

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000268351

Entity Name: REFLECTIONS DENTAL PLLC

Current Principal Place of Business:

891 RENMAR DRIVE
PLANTATION, FL 33317

Current Mailing Address:

891 RENMAR DRIVE
PLANTATION, FL 33317

FEI Number: 83-2609547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORREA-PINTO, RAFAELLA
891 RENMAR DRIVE
PLANTATION, FL 33317 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 P
Name CORREA-PINTO, RAFAELLA
Address 891 RENMAR DRIVE
City-State-Zip: PLANTATION FL 33317

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: RAFAELLA CORREA-PINTO

MGR

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date