

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000283858

**Entity Name:** 305 FAMILY DENTISTRY LLC

**Current Principal Place of Business:**

3850 SW 87TH AVE STE 101  
MIAMI, FL 33165

**Current Mailing Address:**

3850 SW 87TH AVE STE 101  
MIAMI, FL 33165 US

**FEI Number:** 83-2795346

**Certificate of Status Desired:** No

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

AYALA, RITA C  
3850 SW 87TH AVE STE 101  
MIAMI, FL 33165 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            AMBR  
Name            AYALA, RITA C  
Address        3850 SW 87TH AVE STE 101  
City-State-Zip: MIAMI FL 33165

*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:** RITA AYALA

**MEMBER**

**04/06/2020**

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

\_\_\_\_\_  
Date