

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000098709

Entity Name: MIAMI DENTAL INSTITUTE, LLC

Current Principal Place of Business:

5450 SW 8TH ST.
SUITE 201
CORAL GABLES, FL 33134

Current Mailing Address:

5450 SW 8TH ST.
SUITE 201
CORAL GABLES, FL 33134 US

FEI Number: 83-4459862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARDI LAW PLLC
225 ALCAZAR AVENUE
CORAL GABLES, FL 33134 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 NOY, ISABEL
Address 5450 SW 8TH ST., #201
City-State-Zip: CORAL GABLES FL 33134

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: ISABEL NOY

MANAGER

03/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date