

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90021 024 ****50.00

DOCUMENT # L01000021095

1. Entity Name

AVENTURA DENTAL SPECIALTIES, LLC

DO NOT WRITE IN THIS SPACE

80048227

2. Principal Place of Business

19086 NE 29TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 802321

Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

Country

33180-2805 USA

Zip

Country

33280-2321 USA

4. FEI Number

30-0012141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

A.C. BERGMAN

Street Address (P.O. Box Number is Not Acceptable)

7451 W. OAKLAND PARK BLVD

City

LAUDERHILL

FL

Zip Code

33319

8. 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

A.C. Bergman
Signature, typed or printed name of registered agent and title if applicable.

2-20-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR FEDERICO DIEZ DDS 19086 NE 29 TH AVENUE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR JUAN CARLOS ARROYO, DMD 15823 SW 10 TH STREET PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MIGUEL A. PASTRANA MD 1062 SW 159 TH DRIVE PEMBROKE PINE, FL 33027
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Federico Diez DDS

2-20-02

954-558-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)