


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000035209**

1. Entity Name  
**AVENTURA DENTAL ARTS, LLC**



Principal Place of Business <b>18851 NE 29 AVE          # 301          AVENTURA, FL 33180</b>	Mailing Address <b>18851 NE 29 AVE          # 301          AVENTURA, FL 33180</b>
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**DO NOT WRITE IN THIS SPACE**



01172008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>92-0178596</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANN & WOLF, LLP  
 4300 N. UNIVERSITY DRIVE, #C-203  
 SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRILLO, LARRY B DDS 18851 NE 29 AVE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALE, JOEL C DDS 18851 NE 29 AVE AVENTURA, FL 33180
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 01/23/08-80059-004 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **LARRY B. Grillo, DDS** *[Signature]* **JOEL GALE** *[Signature]* **1/108** *[Signature]* **305-682-1414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #