

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000035209

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** AVENTURA DENTAL ARTS, LLC

**Current Principal Place of Business:**

18851 NE 29 AVE  
# 301  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29 AVE  
# 301  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 92-0178596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GRILLO, LARRY B DDS  
**Address:** 18851 NE 29 AVE  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** MGRM  
**Name:** GALE, JOEL C DDS  
**Address:** 18851 NE 29 AVE  
**City-St-Zip:** AVENTURA, FL 33180

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JOEL C GALE, DMD

MGRM

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date