

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063085

Entity Name: PRO DENTAL LIFE LLC

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10827 SW 89 LN  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10827 SW 89 LN  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORRALES-IGLESIAS, LUISA Y DR  
10827 SW 89 LN  
MIAMI, FL 33176 US

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

CORRALES-IGLESIAS, LUISA DR  
10827 SW 89 LN  
MIAMI, FL 33176 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: LUISA CORRALES-IGLESIAS

03/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: IGLESIAS, ARNALDO JR  
Address: 10827 SW 89 LN  
City-St-Zip: MIAMI, FL 33176

Title: MGRM  
Name: CORRALES-IGLESIAS, LUISA Y  
Address: 10827 SW 89 LN  
City-St-Zip: MIAMI, FL 33176

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: LUISA CORRALES-IGLESIAS

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03/23/2012

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