

215000139054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEC 07 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DS DENTAL CARE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dania Santana  
Name of Person

DS Dental Care LLC  
Firm/Company

455 SW 2 ST # 407  
Address

Miami, FL 33130  
City/State and Zip Code

dsant78@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dania Santana at ( 786 ) 301-1283  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

PAID



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 DEC -6 PM 1:55  
TALLAHASSEE, FLORIDA

November 2, 2017

DANIA SANTANA  
8005 NW 8 ST #323  
MIAMI, FL 33126

SUBJECT: DS DENTAL CARE, LLC  
Ref. Number: L15000139054

We have received your document for DS DENTAL CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 417A00022199

2017 DEC -6 PM 4:56  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: DS DENTAL CARE LLC

2. (a) 453 SW 25TH # 407 (b) 453 SW 25TH # 407

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami, FL 33130

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami, FL 33130

3. 08/18/15  
Date of filing/registration in Florida

4. L 15000139054  
Document number

5. (a) Dania Santana  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

453 SW 25TH # 407

Miami, FL 33130

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Dania Santana / DS DENTAL CARE LLC

NEW Registered Office Address:

2100 E Hallandale Beach Blvd Suite 304

Hallandale Beach, FL 33009

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Dania Santana  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent