

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116889

Entity Name: SOUTH BEACH DENTAL CARE & COSMETICS, LLC

Current Principal Place of Business:

119 WASHINGTON AVENUE
6TH FLOOR
MIAMI BEACH, FL 33139

Current Mailing Address:

119 WASHINGTON AVENUE
601
MIAMI BEACH, FL 33139

FEI Number: 20-3895321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMINI, SIMON DMD
583 W 49TH ST
MIAMI BEACH, FL 33140 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	AMINI, SIMON	Name	SAIDI, ARDAVAN
Address	583 W 49TH ST	Address	583 W 49TH ST
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMINI , SIMON

MGR

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date