

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035766

**Entity Name:** EWALDO WENDLER, DDS, PLLC

**Current Principal Place of Business:**

1900 N BAYSHORE DR. APT.4702  
APT.4702  
MIAMI , FL 33132

**Current Mailing Address:**

1900 N BAYSHORE DR. APT.4702  
APT.4702  
MIAMI , FL 33132 US

**FEI Number:** 20-4776961

**Certificate of Status Desired:** No

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

WENDLER, EWALDO  
1900 N BAYSHORE DR. APT.4702  
APT.4702  
MIAMI , FL 33132 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 MGRM  
Name WENDLER, EWALDO  
Address 1900 N BAYSHORE DR. APT.4702  
APT.4702  
City-State-Zip: MIAMI FL 33132

*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:** EWALDO WENDLER DDS PLLC

MANAGER/PRESIDENT

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date