

2017 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

01/16/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date