

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000122234

**Entity Name:** PALM BEACH GARDENS DENTAL ASSOCIATES, LLC

**Current Principal Place of Business:**

4362 NORTHLAKE BLVD.  
STE. 114  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4362 NORTHLAKE BLVD.  
STE. 114  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 74-3199271

**Certificate of Status Desired:** No

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

MAIWURM, RAY  
8106 DAMASCUS DR  
PALM BEACH GARDENS, FL 33418 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            PRES  
Name            MAIWURM, RAY  
Address        4362 NORTHLAKE BLVD #114  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** RAY MAIWURM

PRES.

04/02/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date