

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019603

**Entity Name:** SOUTH BEACH DENTAL, L.L.C.

**Current Principal Place of Business:**

17501 BISCAYNE BLVD  
SUITE 600  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

17501 BISCAYNE BLVD  
SUITE 600  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 20-5373313

**Certificate of Status Desired:** No

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

LEE, HEATHER  
6633 ROXBURY LANE  
MIAMI BEACH, FL 33141 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 GARG, ARUN K  
Address 1840 N.E. 153RD STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** ARUN GARG

MGM

04/22/2019

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

\_\_\_\_\_  
Date