

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019603

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

Current Principal Place of Business:

1840 N.E. 153RD STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1840 N.E. 153RD STREET
NORTH MIAMI BEACH, FL 33162

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 K GARG

MGRM

04/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date