

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000026058

**Entity Name:** SAN REMO DENTAL, LLC

**Current Principal Place of Business:**

6705 RED ROAD  
308  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6705 RED ROAD  
308  
CORAL GABLES, FL 33143 US

**FEI Number:** 20-8697510

**Certificate of Status Desired:** No

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

RODRIGUEZ, JOSE  
6705 RED ROAD  
308  
CORAL GABLES, FL 33143 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 RODRIGUEZ, JOSE  
Address 6705 RED ROAD 308  
City-State-Zip: CORAL GABLES FL 33143

Title MGRM  
Name RODRIGUEZ, MARIA G  
Address 6705 RED ROAD 308  
City-State-Zip: CORAL GABLES FL 33143

*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:** JOSE RODRIGUEZ - CEPERO

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date