

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060387

**Entity Name:** SOUTH FLORIDA DENTAL GROUP, LLC

**Current Principal Place of Business:**

8333 W MCNAB RD  
SUITE 126  
TAMARAC, FL 33321

**Current Mailing Address:**

8333 W MCNAB RD  
SUITE 126  
TAMARAC, FL 33321

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SINGH, KISHAN  
13201 N 53 STREET  
TAMPA, FL 33617 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	Title	MGR
Name	SINGH, KISHAN S	Name	SINGH, K
Address	13201 N 53 STREET	Address	13201 N 53 STREET
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33616

*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:** K SINGH

**MGR**

**04/30/2014**

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

\_\_\_\_\_  
Date