

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020153

Entity Name: MARIA CASTANEDA DMD PL

Current Principal Place of Business:

16850 JOG ROAD, SUITE 114 N
DELRAY BEACH, FL 33446

Current Mailing Address:

16850 JOG ROAD, SUITE 114 N
DELRAY BEACH, FL 33446 US

FEI Number: 46-1220484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTANEDA, MARIA DMD
16850 JOG ROAD, SUITE 114 N
DELRAY BEACH, FL 33446 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 CASTANEDA, MARIA
Address 16850 JOG RD, #114N
City-State-Zip: DELRAY BEACH FL 33446

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: MARIA CASTANEDA

DMD, OWNER

06/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date