## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078333

Entity Name: SUNRISE DENTAL SERVICES PLLC

Current Principal Place of Business:

10175 COLLINS AVE # 1704

BAL HARBOUR, FL 33154

## **Current Mailing Address:**

10175 COLLINS AVE # 1704 BAL HARBOUR, FL 33154

FEI Number: 27-3153968 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

YH & S ACCOUNTING & FINANCIAL CONSULTANTS, INC. 2875 NE 191 ST STE 302 AVENTURA, FL 33180 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: GLORIA PASCUAL-WILLINGER 03/24/2014

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name ORPHANOS, NANCY DDDS
Address 10175 COLLINS AVE - # 1704
City-State-Zip: BAL HARBOUR FL 33154

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.

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 24, 2014

**Secretary of State** 

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