

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133236

**Entity Name:** ES DENTISTRY, LLC.

**Current Principal Place of Business:**

12001 SW 128 CT  
SUITE 103  
MIAMI, FL 33186

**Current Mailing Address:**

12001 SW 128 CT  
SUITE 103  
MIAMI, FL 33186 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CASIANO, SERGIO RESQ.  
5835 BLUE LAGOON DRIVE  
400  
MIAMI, FL 33126 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, EDUARDO JDDS  
Address 12001 SW 128 CT SUITE 103  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name SCHMEISER, SHARON TDDS  
Address 12001 SW 128 CT SUITE 103  
City-State-Zip: MIAMI FL 33186

*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:** SHARON T. SCHMEISER DDS

MGRM

04/30/2015

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

\_\_\_\_\_  
Date