

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081471

**Entity Name:** DENTAL ARTS OF WINTER HAVEN LLC

**Current Principal Place of Business:**

151 AVE F. NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

151 AVE F. NW  
WINTER HAVEN, FL 33881

**FEI Number:** 59-3417334

**Certificate of Status Desired:** No

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

PALO, PAUL A  
151 AVE. F. NW  
WINTER HAVEN, FL 33881 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 MGR  
Name PALO, BRONWYN B  
Address 25 SKIDMORE RD.  
City-State-Zip: WINTER HAVEN FL 33884

Title MGR  
Name PALO, PAUL A  
Address 151 AVE F. NW  
City-State-Zip: WINTER HAVEN FL 33881

*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:** PAUL A PALO DMD

**PRESIDENT**

**02/26/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date