2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2016
Secretary of State
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Entity Name: ABDEL'S DENTAL LAB, LLC

Current Principal Place of Business:

782 NW 42ND AVENUE
SUITE 540
MIAMI, FL 33126

Current Mailing Address:

850 NORTH MIAMI AVENUE
W209
MIAMI, FL 33136 US

FEI Number: 46-2391676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES, ABDELASIZ
782 NW 42ND AVENUE
SUITE 540
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	MGR
Name	VALDES, ABDELASIZ
Address	850 NORTH MIAMI AVENUE #W209
City-State-Zip:	MIAMI FL 33136

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: ABDELASIZ VALDES OWNER 03/27/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date