

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000089452

**Entity Name:** PROFESSIONAL DENTAL DESIGNS LLC

**Current Principal Place of Business:**

8346 BOCA GLADES BLVD E  
BOCA RATON, FL 33434

**Current Mailing Address:**

8346 BOCA GLADES BLVD E  
BOCA RATON, FL 33434

**FEI Number:** 37-1735828

**Certificate of Status Desired:** No

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

CORTES, ASTRID I  
8346 BOCA GLADES BLVD E  
BOCA RATON, FL 33434 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 CORTES, ASTRID I  
Address 8346 BOCA GLADES BLVD E  
City-State-Zip: BOCA RATON FL 33434

*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:** ASTRID CORTES

MGRM

01/26/2014

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

\_\_\_\_\_  
Date