

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000109271

**Entity Name:** MIRO DENTAL ASSOCIATES, LLC

**Current Principal Place of Business:**

564 SW LEJUNE ROAD 2ND FLOOR  
MIAMI, FL 33134

**Current Mailing Address:**

564 SW LEJUNE ROAD 2ND FLOOR  
MIAMI, FL 33134

**FEI Number:** 46-3378595

**Certificate of Status Desired:** No

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

MIRO, CLAUDIO  
564 SW LEJUNE ROAD 2ND FLOOR  
MIAMI, FL 33134 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:** CLAUDIO MIRO

01/28/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	D	Title	D
Name	MIRO, CLAUDIO	Name	CARBAJAL, MARIA E
Address	564 SW LEJUNE ROAD 2ND FLOOR	Address	564 SW LEJUNE ROAD 2ND FLOOR
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134

*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:** CLAUDIO L MIRO

D

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date