

2014 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------------|-----------------|------------------------------|
| Title | D | Title | D |
| Name | MIRO, CLAUDIO | Name | CARBAIAL, 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: MIRO , CLAUDIO

DIRECTOR

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date