

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162867

Entity Name: ALTIMA DENTAL GROUP OF WEST KENDALL, LLC

Current Principal Place of Business:

16371 S.W. 88TH STREET
MIAMI, FL 33196

Current Mailing Address:

4485 STIRLING RD
SUITE 108
DAVIE, FL 33314 US

FEI Number: 46-4231848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEKKAS, NICK
4485 STIRLING RD
SUITE 108
DAVIE, FL 33314 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 LEKKAS, NICK
Address 4485 STIRLING RD
SUITE 108
City-State-Zip: DAVIE FL 33314

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: NICK LEKKAS

MANAGING MEMBER

03/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date