

**2014 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:**

4700 SHERIDAN STREET  
SUITE#S  
HOLLYWOOD, FL 33021

**FEI Number:** 46-4231848

**Certificate of Status Desired:** No

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

LEKKAS, NICK  
5670 OAKTREE AVENUE  
HOLLYWOOD, FL 33312 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 5670 OAKTREE AVENUE  
City-State-Zip: HOLLYWOOD FL 33312

Title MGRM  
Name BERENSTEIN, ERAN  
Address 4700 SHERIDAN ST  
SUITE S  
City-State-Zip: HOLLYWOOD FL 33312

*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:** ERAN BERENSTEIN

MGM

02/13/2014

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

\_\_\_\_\_  
Date