

**2018 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

**MEMBER**

**01/19/2018**

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

\_\_\_\_\_  
Date