

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000057393

Entity Name: 4 DENTAL PRODUCTS L.L.C.

Current Principal Place of Business:

911 MONTICELLO AVE
DAVIE, FL 33325

Current Mailing Address:

911 MONTICELLO AVE
DAVIE, FL 33325 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALET, RAFAEL A
911 MONTICELLO AVE
DAVIE, FL 33325 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 AR
Name MEZA, KARINA
Address 13287 NW 5 ST
City-State-Zip: PLANTATION FL 33325

Title MGR
Name PALET, RAFAEL A
Address 13287 NW 5 ST
City-State-Zip: PLANTATION FL 33325

Title MGR
Name FLORES, CYNTHIA B
Address LOMA ROSA 161 URB PROLONG.
BENAVIDES
City-State-Zip: SANTIAGO DE SURCO LIMA OC

Title MGR
Name GOGIN, ROBERTO J
Address CALLE LOS BIÁLOGOS H 15 URB SAN
CESAR
City-State-Zip: LA MOLINA LIMA OC

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: RAFAEL PALET

REGISTERED AGENT

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date