

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110324

**Entity Name:** ATILA C. MIRANDA, DDS, PLLC

**Current Principal Place of Business:**

1229 SW 46THWAY  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1229 SW 46THWAY  
DEERFIELD BEACH, FL 33442

**FEI Number:** 47-1191437

**Certificate of Status Desired:** No

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

MIRANDA, NORMA  
2106 NE 44TH ST.  
LIGHTHOUSE POINT, FL 33064 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            AMBR  
Name            MIRANDA, ATILA C  
Address        1229 SW 46THWAY  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** ATILA C. MIRANDA

MGRM

03/03/2015

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

\_\_\_\_\_ Date