

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000132050

**Entity Name:** ODALYS DENTAL GROUP LLC

**Current Principal Place of Business:**

13345 SW 61 STREET  
MIAMI, FL 33183

**Current Mailing Address:**

13345 SW 61TH STREET  
MIAMI, FL 33183

**FEI Number:** 47-1654005

**Certificate of Status Desired:** No

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

DE LA CRUZ, ODALYS  
13345 SW 61TH STREET  
MIAMI, FL 33183 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	MGR	Title	MGR
Name	DE LA CRUZ, ODALYS	Name	GOMEZ, RAFAEL A
Address	13345 SW 61TH STREET	Address	13345 SW 61TH STREET
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

*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:** ODALYS DE LA CRUZ

03/13/2016

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

\_\_\_\_\_  
Date