## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000162780

**Entity Name: ALTA DENTAL LABORATORY LLC** 

**Current Principal Place of Business:** 

2981 W SR 434, SUITE 400

LONGWOOD, FL 32779

**Current Mailing Address:** 

1714 SHADYREST COURT LAKE MARY, FL 32746 US

FEI Number: 47-5163302 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDOVAL, LEONIDES 1714 SHADYREST COURT LAKE MARY, FL 32746 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

FILED Apr 20, 2017

**Secretary of State** 

CC1614933973

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name SANDOVAL, MARIA C Name SANDOVAL, JOSE

Address 1714 SHADYREST COURT Address 1714 SHADYREST COURT

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT

Name SANDOVAL, LEONIDES DR.

Address 125 ROBIN ROAD

SUITE A

City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: LEONIDES SANDOVAL DDS

**PRESIDENT** 

04/20/2017