

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000209801

Entity Name: PERFECT FIT DENTAL LLC

Current Principal Place of Business:

5275 NW 74TH TERRACE
LAUDERHILL, FL 33319

Current Mailing Address:

4721 N UNIVERSITY DRIVE
LAUDERHILL, FL 33351 US

FEI Number: 81-0891825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PITTER, CARL S
4721 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351 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
Name DIXON, JOY A
Address 5275 NW 74TH TERRACE
City-State-Zip: LAUDERHILL FL 33319

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: JOY A DIXON

MBR

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date