

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000048837

**Entity Name:** KENDALL ORAL AND MAXILLOFACIAL SURGERY, LLC

**Current Principal Place of Business:**

8700 N. KENDALL DRIVE  
SUITE 221  
MIAMI, FL 33176

**Current Mailing Address:**

8700 N. KENDALL DRIVE  
SUITE 221  
MIAMI, FL 33176 US

**FEI Number:** 35-2580885

**Certificate of Status Desired:** No

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

PAREDES, BRETT A  
8700 N. KENDALL DRIVE  
SUITE 221  
MIAMI, FL 33176 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            PAREDES, BRETT A  
Address        8700 N. KENDALL DRIVE, SUITE 221  
City-State-Zip: MIAMI FL 33176

Title            AR  
Name            VELAZQUEZ, MARIANA  
Address        8700 N. KENDALL DRIVE, SUITE 221  
City-State-Zip: MIAMI FL 33176

*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:** BRETT PAREDES

**PRESIDENT**

**03/14/2018**

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

\_\_\_\_\_  
Date