

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000105740

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC8481783449**

**Entity Name:** ARTMILL DENTAL LABORATORY, LLC

**Current Principal Place of Business:**

478 SW 12TH AVENUE  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

478 SW 12TH AVENUE  
DEERFIELD BEACH, FL 33442

**FEI Number: 81-2895725**

**Certificate of Status Desired: No**

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

VELASQUEZ, MARLENY  
2786 TENNIS CLUB DR 202  
WEST PALM BEACH, FL 33417 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 HERRERA, GILBERTO  
Address 478 SW 12TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33406

Title AMBR  
Name PLEWINSKI, MARCIN  
Address 478 SW 12TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33406

Title AMBR  
Name BORDA, MIGUEL F  
Address 478 SW 12TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33406

*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: GILBERTO HERRERA**

**OWNER**

**04/09/2018**

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

\_\_\_\_\_  
Date