

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000128306

**Entity Name:** ROGELIO GARROTE, DMD, P.L.L.C.

**Current Principal Place of Business:**

4530 S.W. 89TH AVENUE  
MIAMI, FL 33165

**Current Mailing Address:**

4530 S.W. 89TH AVENUE  
MIAMI, FL 33165

**FEI Number: 81-3236369**

**Certificate of Status Desired: No**

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

GARROTE, ROGELIO  
4530 S.W. 89TH AVENUE  
MIAMI, FL 33165 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           MANAGER  
Name           GARROTE, ROGELIO DR.  
Address        4530 S.W. 89TH AVENUE  
City-State-Zip: MIAMI FL 33165

*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: ROGELIO GARROTE**

**DOCTOR**

**06/22/2020**

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

\_\_\_\_\_  
Date