

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000140963

**Entity Name:** ANAID DENTAL LLC

**Current Principal Place of Business:**

2625 EXECUTIVE PARK DR  
2  
WESTON, FL 33331

**Current Mailing Address:**

2625 EXECUTIVE PARK DR  
2  
WESTON, FL 33331 US

**FEI Number:** 81-3366537

**Certificate of Status Desired:** No

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

TORRES, DIANA C DR.  
2625 EXECUTIVE PARK DR  
2  
WESTON, FL 33331 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:** DIANA TORRES

04/03/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            TORRES, DIANA C DR.  
Address        2625 EXECUTIVE PARK DR  
                  2  
City-State-Zip: WESTON FL 33331

*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:** DIANA TORRES

PRESIDENT

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date