

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184717

**Entity Name:** DENTAL ARTE LLC

**Current Principal Place of Business:**

370 SE MIZNER BLVD  
1605  
BOCA RATON, FL 33432

**Current Mailing Address:**

370 SE MIZNER BLVD  
1605  
BOCA RATON, FL 33432 US

**FEI Number:** 81-4164700

**Certificate of Status Desired:** No

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

OGC ASSOCIATES PA  
3275 W HILLSBORO BLVD  
306  
DEERFIELD BEACH, FL 33442 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 MAGALHAES, MARIA ODILA  
Address 370 SE MIZNER BLVD - APT 1605  
City-State-Zip: BOCA RATON FL 33432

*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:** MARIA ODILA MAGALHAES

MGR

04/24/2017

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

\_\_\_\_\_  
Date