

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000146816

Entity Name: FLORIDENTAL CLINIC, LLC

Current Principal Place of Business:

611 NW 82ND AVE
314
MIAMI, FL 33126

Current Mailing Address:

611 NW 82ND AVE
314
MIAMI, FL 33126 US

FEI Number: 82-2234906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GATA GARCIA, LISSET
611 NW 82ND AVE
314
MIAMI, FL 33126 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 GATA GARCIA, LISSET
Address 611 NW 82ND AVE
314
City-State-Zip: MIAMI FL 33126

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: LISSET GATA GARCIA

MGR

01/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date