

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000206171

**Entity Name:** SOUTH DIXIE DENTAL, LLC

**Current Principal Place of Business:**

12531 S. DIXIE HWY  
MIAMI, FL 33156

**Current Mailing Address:**

9400 S.W. 112TH STREET  
MIAMI, FL 33172

**FEI Number: 83-1869926**

**Certificate of Status Desired: No**

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

LOPEZ, ARAMIS JR, EA  
900 WEST 49TH STREET  
418  
HIALEAH, FL 33012 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	MGRM	Title	MGRM
Name	BOLIVAR, JUAN M	Name	GONZALEZ, MARIA F
Address	9400 S.W. 112TH STREET	Address	9400 S.W. 112TH STREET
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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: JUAN M BOLIVAR**

**MANAGER**

**02/08/2019**

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

\_\_\_\_\_  
Date