

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000220603

Entity Name: STOMATCARE OF FLORIDA, LLC

Current Principal Place of Business:

333 SE 2ND AVE STE 2520
MIAMI, FL 33131

Current Mailing Address:

333 SE 2ND AVE STE 2520
MIAMI, FL 33131 US

FEI Number: 83-1979405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKHAILOV, ALEXANDER
333 SE 2ND AVE STE 2520
MIAMI, FL 33131 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	Title	MGR
Name	MIKHAILOV, ALEXANDER	Name	KRASNOV, ROSTISLAV
Address	333 SE 2ND AVE STE 2520	Address	333 SE 2ND AVE STE 2520
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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: ROSTISLAV KRASNOV

MBR

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date