

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034359

**Entity Name:** ORLANDO FAMILY DENTAL, LLC

**Current Principal Place of Business:**

3300 S HIAWASSEE RD  
101  
ORLANDO, FL 32835

**Current Mailing Address:**

3300 S HIAWASSEE RD  
101  
ORLANDO, FL 32835

**FEI Number:** 20-3232694

**Certificate of Status Desired:** No

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

CASTANO, RAUL  
3300 S. HIAWASSEE RD.  
SUITE 101  
ORLANDO, FL 32835 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  
Name CASTANO, RAUL  
Address 3300 SOUTH HIAWASSEE RD. SUITE  
101  
City-State-Zip: ORLANDO FL 32835

*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:** RAUL CASTANO

MGMR

01/20/2014

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

\_\_\_\_\_  
Date