

2017 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

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date