

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074092

Entity Name: ECON DENTAL, PLLC

Current Principal Place of Business:

3823 N ECONLOCKHATCHEE TR
SUITE D4
ORLANDO, FL 32817

Current Mailing Address:

2529 BLACK LAKE BLVD
WINTER GARDEN, FL 34787 US

FEI Number: 26-3103347

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 GAUD, LUIS C
Address 2529 BLACK LAKE BLVD
City-State-Zip: WINTER GARDEN FL 34787

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: LUIS C GAUD

DR

04/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date