

**2023 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:**

3823 N ECONLOCKHATCHEE TR  
SUITE D4  
ORLANDO, FL 32817 US

**FEI Number:** 26-3103347

**Certificate of Status Desired:** No

**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 3823 N ECONLOCKHATCHEE TR  
SUITE D4  
City-State-Zip: ORLANDO FL 32817

*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

MGRM

04/11/2023

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

\_\_\_\_\_ Date