

**2016 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:** 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 2529 BLACK LAKE BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name GONZALEZ, GLORIA B  
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

DMD

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date