

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000281321

Entity Name: CASTLE PEDIATRIC DENTISTRY LLC

Current Principal Place of Business:

1660 APACHE TRAIL
MAITLAND, FL 32751

Current Mailing Address:

PO BOX 940717
MAITLAND, FL 32794

FEI Number: 83-3930392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS BLAKE CPA LLC
668 NORTH ORLANDO AVENUE
1013
MAITLAND, FL 32751 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 MGR
Name CASTELLUCCI, KEREN
Address 1660 APACHE TRAIL
City-State-Zip: MAITLAND FL 32751

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: KEREN CASTELLUCCI _____

MEMBER

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date