

**2021 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**

**04/30/2021**

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

\_\_\_\_\_  
Date