## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000112562

Entity Name: IMAGINE ORTHODONTIC STUDIO TAMPA, PLLC

**Current Principal Place of Business:** 

11502 N 56TH ST

TEMPLE TERRACE, FL 33617

**Current Mailing Address:** 

3604 W DE LEON ST TAMPA. FL 33609

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKE FAULKNER LAW, P.A. 3937 TAMPA ROAD OLDSMAR, FL 34677 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: DEBRA A. FAULKNER AS PRESIDENT 02/15/2023

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name HESS. MICHAEL Name POPAT, PAIYAL Address 16305 FISHHAWK BOULEVARD Address 3604 W DE LEON ST City-State-Zip: TAMPA FL 33609

City-State-Zip: LITHIA FL 33547

Title MGR

Name PATEL, SAMIK

Address 3604 W DE LEON ST City-State-Zip: TAMPA FL 33609

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.

02/15/2023 SIGNATURE: MICHAEL A. HESS **MGR** 

**FILED** Feb 15, 2023

**Secretary of State** 

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