

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002889

**Entity Name:** RANDALL T. HEDRICK, DDS, PLC

**Current Principal Place of Business:**

4805 49TH ST N  
ST PETERSBURG, FL 33709

**Current Mailing Address:**

4805 49TH ST N  
ST PETERSBURG, FL 33709 US

**FEI Number:** 05-0555393

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEDRICK, RANDALL T  
4805 49TH ST N  
ST PETERSBURG, FL 33709 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            OWNER  
Name            HEDRICK, RANDALL T DDS  
Address        4805 49TH ST N  
City-State-Zip: ST PETERSBURG FL 33709

*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:** RANDALL HEDRICK

OWNER

03/04/2024

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

\_\_\_\_\_ Date