

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000126897

Entity Name: IDEAL DENTAL GROUP OF ORLANDO, LLC

Current Principal Place of Business:

275 SOUTH CHICKASAW TRAIL
STE. 2
ORLANDO, FL 32825

Current Mailing Address:

PO BOX 893427
TEMECULA, CA 92589 US

FEI Number: 27-4216487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUNKEL, ROBERT V
4 COUNTRY ROAD WEST
VILLAGE OF GOLF, FL 33436 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 AS DENTAL, LLC
Address PO BOX 893427
City-State-Zip: TEMECULA CA 92589

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: AS DENTAL LLC

ROBERT STUNKEL, MBR 04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date