

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143067

**Entity Name:** BEATA CARLSON DDS, PLLC

**Current Principal Place of Business:**

2701 PARK DRIVE  
SUITE 4  
CLEARWATER, FL 33763

**Current Mailing Address:**

2701 PARK DRIVE  
SUITE 4  
CLEARWATER, FL 33763

**FEI Number:** 45-4102965

**Certificate of Status Desired:** No

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

CARLSON, BEATA  
2701 PARK DRIVE  
SUITE 4  
CLEARWATER, FL 33763 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 CARLSON, BEATA  
Address 2701 PARK DRIVE, SUITE 4  
City-State-Zip: CLEARWATER FL 33763

*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:** BEATA CARLSON DDS

**PRESIDENT**

**03/02/2019**

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

\_\_\_\_\_  
Date