

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000060207

**Entity Name:** DENTAL PEARL, LLC

**Current Principal Place of Business:**

14771 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

14771 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181 US

**FEI Number:** 88-0772203

**Certificate of Status Desired:** No

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

MANAGEMENT TAX CONSULTING INC  
4430 ORCHID BLVD  
STE 202  
CAPE CORAL, FL 33904 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	Title	MGR
Name	KLAUSE, LEONID	Name	KLAUSE, LARISSA
Address	1455 MYRTLE OAK TER	Address	1455 MYRTLE OAK TER
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

*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:** LEONID KLAUSE

MGR

04/14/2023

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

\_\_\_\_\_ Date