

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000112552

**Entity Name:** IMAGINE ORTHODONTIC STUDIO CLEARWATER, PLLC

**Current Principal Place of Business:**

1581 MISSOURI AVE  
LARGO, FL 33770

**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  
2  
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

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	HESS, MICHAEL	Name	POPAT, PAIVAL
Address	16305 FISHHAWK BOULEVARD	Address	3604 W DE LEON ST
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	TAMPA FL 33609
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.*

**SIGNATURE:** MICHAEL A. HESS

MGR

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date