

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000383325

**Entity Name:** ADONIAS PEDIATRIC DENTISTRY LLC

**Current Principal Place of Business:**

5600 BLUE LAGOON DR  
12 AND 13  
MIAMI, FL 33126

**Current Mailing Address:**

5600 BLUE LAGOON DR  
12 AND 13  
MIAMI, FL 33126 US

**FEI Number:** 92-2327358

**Certificate of Status Desired:** No

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

GARDNER, GABRIELLE  
1317 EDGEWATER DR  
3944  
ORLANDO, FL 32804 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:** GABRIELLE GARDNER

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name EGHAREVBA, PAULA DR.  
Address 5600 BLUE LAGOON DR  
12 AND 13  
City-State-Zip: MIAMI FL 33126

*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:** DR. PAULA EGHAREVBA

AMBR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date