

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000034408

**Entity Name:** PEDIATRIC DENTISTRY OF LAKELAND PLLC

**Current Principal Place of Business:**

5710 US HIGHWAY 98 NORTH  
LAKELAND, FL 33809

**Current Mailing Address:**

5710 US HIGHWAY 98 NORTH  
LAKELAND, FL 33809 US

**FEI Number:** 45-5245077

**Certificate of Status Desired:** No

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

BERLING, ERIN SDMD  
5710 US HIGHWAY 98 NORTH  
LAKELAND, FL 33809 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           MANAGING MEMBER  
Name           BERLING, ERIN SDMD  
Address        5710 US HIGHWAY 98 NORTH  
City-State-Zip: LAKELAND FL 33809

Title           MANAGER  
Name           BERLING, EARL R  
Address        5710 US HIGHWAY 98 NORTH  
City-State-Zip: LAKELAND FL 33809

*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:** EARL ROSS BERLING

**BUSINESS MANAGER**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date