## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097269

Entity Name: NEIL BERLINER, M.D., LLC

**Current Principal Place of Business:** 

11684 KNIGHTSBRIDGE PLACE WELLINGTON. FL 33467

**Current Mailing Address:** 

11684 KNIGHTSBRIDGE PLACE WELLINGTON, FL 33467

FEI Number: 26-0899013 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERLINER, NEIL 11684 KNIGHTSBRIDGE PLACE WELLINGTON, FL 33467 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

FILED Jan 28, 2020

**Secretary of State** 

9042867375CC

## Authorized Person(s) Detail:

Title MGRM

Name BERLINER, NEIL

Address 11684 KNIGHTSBRIDGE PLACE

City-State-Zip: WELLINGTON FL 33467

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: NEIL BERLINER M D

Electronic Signature of Signing Authorized Person(s) Detail

**PRES** 

01/28/2020