

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106782

**Entity Name:** MAIN STREET OF AVENTURA PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

6240 LAKE OSPREY DR.  
SARASOTA, FL 34240

**Current Mailing Address:**

6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 US

**FEI Number:** 26-1284102

**Certificate of Status Desired:** No

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

ALLEN, RUSSELL  
6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 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:** RUSSELL ALLEN

06/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	ALLEN, RUSSELL	Name	BILECA, MICHAEL
Address	6240 LAKE OSPREY DR.	Address	6240 LAKE OSPREY DR.
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240
Title	MANAGER		
Name	AKERMAN DMD, CAROLINA		
Address	6240 LAKE OSPREY DR.		
City-State-Zip:	SARASOTA FL 34240		

*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:** RUSSELL ALLEN

MANAGER

06/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date