

**2024 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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           BILECA, MICHAEL  
Address        6240 LAKE OSPREY DR.  
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:** CAROLINA AKERMAN DMD

**MANAGER**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date