## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106782

Entity Name: MAIN STREET OF AVENTURA PRACTICE MANAGEMENT, LLC

FILED
Apr 05, 2017
Secretary of State
CC7360113088

**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 04/05/2017

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 04/05/2017