

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106782

**FILED
Mar 31, 2016
Secretary of State
CC5152381054**

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:

NICHOLS, DAVID
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: DAVID NICHOLS

03/31/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name NICHOLS, DAVID
Address 6240 LAKE OSPREY DR.
City-State-Zip: SARASOTA FL 34240

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: AKERMAN DMD, CAROLINA

MANAGER

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date