## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106782

Entity Name: MAIN STREET OF AVENTURA PRACTICE MANAGEMENT, LLC

FILED
Apr 26, 2013
Secretary of State
CC3314446764

## **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 04/26/2013

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM

Name MAIN STREET CHILD/DENT AND

**ORTHO LLC** 

Address 13195 SW 134TH STREET 2ND FLOOR

City-State-Zip: MIAMI FL 33186

SIGNATURE: DAVID NICHOLS

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

D

Electronic Signature of Signing Authorized Person(s) Detail

04/26/2013 Date

Date