

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029498

**Entity Name:** ROBB WILENTZ, M.D., L.L.C.

**Current Principal Place of Business:**

20601 E. DIXIE HWY.  
SUITE 300A  
AVENTURA, FL 33180

**Current Mailing Address:**

20601 E. DIXIE HWY.  
SUITE 300A  
AVENTURA, FL 33180 US

**FEI Number:** 26-4771806

**Certificate of Status Desired:** No

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

WILENTZ, ROBB  
20601 E. DIXIE HWY.  
SUITE 300A  
AVENTURA, FL 33180 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 MGRM  
Name WILENTZ, ROBB  
Address 20601 E. DIXIE HWY.  
SUITE 300A  
City-State-Zip: AVENTURA FL 33180

*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:** ROBB WILENTZ

MGRM

01/10/2021

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

\_\_\_\_\_  
Date