

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014566

Entity Name: DR. NETA PELEG-OREN LLC

Current Principal Place of Business:

2627 NE 203 STREET SUITE #113
AVENTURA, FL 33180

Current Mailing Address:

3005 NE 207 TERRACE
AVENTURA, 33180 FL

FEI Number: 45-4447406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PELEG-OREN, NETA DR.
2627 NE 203 STREET SUITE #113
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 MGR
Name PELEG-OREN, NETA DR.
Address 2627 NE 203 STREET SUITE #113
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: NETA PELEG-OREN

MANAGER

03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date