## 2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000036034

Entity Name: FRED SILVESTRI, MD, LLC

**Current Principal Place of Business:** 

8497 SE COCONUT ST HOBE SOUND. FL 33455

**Current Mailing Address:** 

8497 SE COCONUT ST HOBE SOUND, FL 33455

FEI Number: 46-2265837 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVESTRI, FRED MD 8497 SE COCONUT ST HOBE SOUND, FL 33455 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: FRED SILVESTRI MD 12/08/2016

Electronic Signature of Registered Agent

Date

FILED Dec 08, 2016

**Secretary of State** 

CR2364090645

## Authorized Person(s) Detail:

Title MGR

Name SILVESTRI, FRED MD
Address 8497 SE COCONUT ST
City-State-Zip: HOBE SOUND FL 33455

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: FRED SILVESTRI MD

MGR

12/08/2016