

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000161950

**Entity Name:** DAVID SHERBERG DMD PL

**Current Principal Place of Business:**

243 MONTE CRISTO BOULEVARD  
TIERRA VERDE, FL 33715

**Current Mailing Address:**

5008 34TH ST. SOUTH  
ST. PETERSBURG, FL 33711 US

**FEI Number:** 46-4143573

**Certificate of Status Desired:** No

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

SHERBERG, DAVID  
243 MONTE CRISTO BOULEVARD  
TIERRA VERDE, FL 33715 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 SHERBERG, DAVID  
Address 243 MONTE CRISTO BOULEVARD  
City-State-Zip: TIERRA VERDE FL 33715

*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:** DAVID SHERBERG

**OWNER**

**02/13/2015**

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

\_\_\_\_\_ Date