

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000357885

**Entity Name:** AVENTURA SINUS & ALLERGY CENTER LLC

**Current Principal Place of Business:**

2999 NE 191 ST.  
STE 200  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 NE 191 ST.  
STE 200  
AVENTURA, FL 33180

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WELLER, ANN  
2600 S DOUGLAS RD  
STE 805  
CORAL GABLES, FL 33134 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:** ANN WELLER

10/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SALMERON, JESSE  
Address 2999 NE 191 ST  
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:** SALMERON, JESSE

MGR

10/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date