

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009783

Entity Name: DR. PERRY SHIEVITZ, LLC

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7924 SW 104TH STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7924 SW 104TH STREET  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 83-0418830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILLMAN-WALLER, LOUIS M ESQ  
3006 AVIATION AVENUE, PH4C  
COCONUT GROVE, FL 33133 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHIEVITZ, PERRY DR  
Address: 770 CLAUGHTON ISLAND DRIVE # 1001  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHIEVITZ, PERRY DR  
Address: 234 NE 3RD STREET #2109  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DR. PERRY SHIEVITZ (MGRM)

MGRM

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date