

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037018

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL & EXECUTIVE OFFICES OF AVENTURA, L.L.C.

**Current Principal Place of Business:**

2627 NE 203RD ST  
SUITE 118  
AVENTURA, FL 33180

**New Principal Place of Business:**

2627 NE 203RD ST  
SUITE 202  
AVENTURA, FL 33180

**Current Mailing Address:**

SUITE 118  
2627 NE 203RD ST.  
AVENTURA, FL 33180

**New Mailing Address:**

2627 NE 203RD ST  
SUITE 202  
AVENTURA, FL 33180

**FEI Number:** 20-2672903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAITH, KEVIN  
2627 NE 203RD ST. #118  
AVENTURA, FL 33180 US

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

FAITH, KEVIN  
2627 NE 203RD ST. #202  
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:

04/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FAITH, KEVIN  
Address: 2627 NE 203 ST SUITE 202  
City-St-Zip: AVENTURA, FL 33180

I hereby 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: KEVIN FAITH

MGRM

04/06/2012

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