

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089965

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** THEODORE KATSNELSON M.D. LLC

**Current Principal Place of Business:**

2425 SW 27TH AVENUE, APT. 1001  
MIAMI, FL 33145

**New Principal Place of Business:**

1865 S.OCEAN DR.  
# 3F  
HALLANDALE, FL 33009

**Current Mailing Address:**

2425 SW 27TH AVENUE, APT. 1001  
MIAMI, FL 33145

**New Mailing Address:**

1865 S.OCEAN DR.  
# 3F  
HALLANDALE, FL 33009

**FEI Number:** 26-0844320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUENTE, JIM CPA  
11120 N. KENDALL DRIVE, SUITE 200  
MIAMI, FL 33176 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: MGR  
Name: KATSNELSON, THEODORE  
Address: 1865 S.OCEAN DR  
City-St-Zip: HALLANDALE, FL 33009

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: KATSNELSON

MGR

01/09/2011

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