

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000002944

1. Entity Name  
CONGRESS PROFESSIONAL GROUP, L.L.C.



Principal Place of Business  
900 NW 17TH AVE.  
DELRAY BEACH, FL 33445

Mailing Address  
900 NW 17TH AVE.  
DELRAY BEACH, FL 33445



01212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0928824

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANESTA, MICHAEL  
800 NE 77TH ST.  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000921841  
02/19/08-80043-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ANESTA, MICHAEL J MD
STREET ADDRESS	800 NE 77TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	ANESTA, LENORE B
STREET ADDRESS	800 NE 77TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	SILVER, MITCHELL D MD
STREET ADDRESS	17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGRM
NAME	SILVER, CAROL Z
STREET ADDRESS	17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGRM
NAME	POLERA, DEBRA
STREET ADDRESS	900 NW 17TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Michael J. Anesta* MICHAEL J. ANESTA 1/29/08 561 2783323