

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043334

**Entity Name:** DEREK D HABER, DMD, LLC

**Current Principal Place of Business:**

6085 BIRD RD  
STE 200  
MIAMI, FL 33155

**Current Mailing Address:**

257 WEST 116TH ST,  
APT 3A  
NEW YORK, NY 10026 US

**FEI Number:** 27-2412330

**Certificate of Status Desired:** No

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

HABER, DEREK DDMD  
6085 BIRD RD  
STE 200  
MIAMI, FL 33155 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HABER, DEREK DDMD  
Address 6085 BIRD RD  
STE 200  
City-State-Zip: MIAMI FL 33155

*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:** DEREK HABER

**OWNER**

**01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date