

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000124377

**Entity Name:** CATHERINE HARB DMD, LLC

**Current Principal Place of Business:**

150 LAKE NANCY LANE  
APT 323  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

150 LAKE NANCY LANE  
APT 323  
WEST PALM BEACH, FL 33411

**FEI Number:** 46-3575300

**Certificate of Status Desired:** No

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

VALEZAR AND ASSOCIATES INC  
12485 SW 137TH AVENUE  
SUITE 104  
MIAMI, FL 33186 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 HARB, CATHERINE  
Address 150 LAKE NANCY LANE APT 323  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** CATHERINE HARB

**PRESIDENT**

**03/16/2015**

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

\_\_\_\_\_  
Date