

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000124377

Entity Name: CATHERINE HARB DMD, LLC

Current Principal Place of Business:

16043 TUSCANY ESTATES DRIVE
DELRAY BEACH, FL 33446

Current Mailing Address:

16043 TUSCANY ESTATES DRIVE
DELRAY BEACH, FL 33446 US

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 206
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 16043 TUSCANY ESTATES DRIVE
City-State-Zip: DELRAY BEACH FL 33446

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

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date