

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000111483

Entity Name: DORAL CENTER, LLC

Current Principal Place of Business:

1040 NW 3RD STREET
HALLANDALE, FL 33009

Current Mailing Address:

PO BOX 801540
AVENTURA, FL 33280 US

FEI Number: 81-2936826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECHTER, ROBERT S
1040 NW 3RD STREET
HALLANDALE, FL 33009 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 MGR
Name LECHTER, ROBERT S
Address PO BOX 801540
City-State-Zip: AVENTURA FL 33280

Title MGR
Name SOLOMON, PHILIP
Address PO BOX 801540
City-State-Zip: AVENTURA FL 33280

Title MGR
Name HOUSTON, J. BRETT
Address PO BOX 801540
City-State-Zip: AVENTURA FL 33280

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: ROBERT LECHTER

MGR

03/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date