

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000111483

**Entity Name:** DORAL CENTER, LLC

**Current Principal Place of Business:**

2980 NE 207 STREET, SUITE 706  
AVENTURA, FL 33180

**Current Mailing Address:**

2980 NE 207 STREET, SUITE 706  
AVENTURA, FL 33180 US

**FEI Number:** 81-2936826

**Certificate of Status Desired:** No

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

LECHTER, ROBERT S  
2980 NE 207 STREET, SUITE 706  
AVENTURA, FL 33180 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 2980 NE 207 STREET, SUITE 706  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name SOLOMON, PHILIP  
Address 2980 NE 207 STREET, SUITE 706  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name HOUSTON, J. BRETT  
Address 2980 NE 207 STREET, SUITE 706  
City-State-Zip: AVENTURA FL 33180

*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

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date