

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000236894

Entity Name: ROBERT M FABER MD LLC

Current Principal Place of Business:

5232 DRISCOLL CT
BELLE ISLE, FL 32812

Current Mailing Address:

5232 DRISCOLL CT
BELLE ISLE, FL 32812 US

FEI Number: 82-3243745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABER, ROBERT M
5232 DRISCOLL CT
BELLE ISLE, FL 32812 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 | Title | AR |
| Name | FABER, ROBERT M | Name | NEVILLE, PATRICIA A |
| Address | 5232 DRISCOLL CT | Address | 5232 DRISCOLL CT |
| City-State-Zip: | BELLE ISLE FL 32812 | City-State-Zip: | BELLE ISLE FL 32812 |

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 M FABER

PRESIDENT

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date