

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016244

**Entity Name:** SCHENK & ASSOCIATES, PLC

**Current Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 820  
MIAMI, FL 33131

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC8121722994**

**Current Mailing Address:**

999 BRICKELL AVENUE  
SUITE 820  
MIAMI, FL 33131 US

**FEI Number:** 20-0802065

**Certificate of Status Desired:** No

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

SCHENK, MAXIMILIAN  
999 BRICKELL AVENUE  
SUITE 820  
MIAMI, FL 33131 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:** MAXIMILIAN SCHENK

04/29/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           SCHENK, MAXIMILIAN  
Address        999 BRICKELL AVENUE, SUITE 820  
City-State-Zip: MIAMI FL 33131

*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:** MAXIMILIAN SCHENK

MANAGING MEMBER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date