

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090987

Entity Name: EXECUTIVE & PROFESSIONAL MANAGEMENT SERVICES, LLC**Current Principal Place of Business:**100 SOUTH BISCAYNE BLVD., SUITE 900
MIAMI, FL 33131**Current Mailing Address:**100 SOUTH BISCAYNE BLVD., SUITE 900
MIAMI, FL 33131**FEI Number:** 20-2038504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLO, JEROME
100 SOUTH BISCAYNE BLVD., SUITE 900
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGR
Name HOLLO, TIBOR
Address 100 SOUTH BISCAYNE BLVD., SUITE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name HOLLO, JEROME
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name KATZ, LEONARD
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name HOLLO, WAYNE
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name SWERDLIN, LEE
Address 100 S BISCAYNE BLVD STE 900
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: LEONARD KATZ

MGR

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date