

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000073781

**Entity Name:** KABAT, SCHERTZER, DE LA TORRE, TARABOULOS & CO., LLC

**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC4939439192**

**Current Principal Place of Business:**

9300 S. DADELAND BOULEVARD  
SUITE 600  
MIAMI, FL 33156

**Current Mailing Address:**

9300 S. DADELAND BOULEVARD  
SUITE 600  
MIAMI, FL 33156

**FEI Number: 26-0547877**

**Certificate of Status Desired: No**

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

TARABOULOS, JEFFREY  
9300 S. DADELAND BOULEVARD  
SUITE 600  
MIAMI, FL 33156 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 MGRM  
Name TARABOULOS, JEFFREY  
Address 9300 S. DADELAND BOULEVARD,  
SUITE 600  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name DE LA TORRE, JORGE N  
Address 9300 S. DADELAND BOULEVARD,  
SUITE 600  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name TARABOULOS, ROBERT  
Address 9300 S. DADELAND BOULEVARD,  
SUITE 600  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name LEVENTHAL, ERIC J  
Address 9300 S. DADELAND BOULEVARD,  
SUITE 600  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name POLO, ELGIN  
Address 9300 S. DADELAND BOULEVARD  
SUITE 600  
City-State-Zip: MIAMI FL 33156

*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: TARABOULOS , ROBERT**

**MGRM**

**03/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date