

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065821

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC6500826570**

**Entity Name:** SACHS SAX CAPLAN, P.L.

**Current Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** 26-2950872

**Certificate of Status Desired:** No

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

KASKEL, DANIEL ESQ.  
6111 BROKEN SOUND PARKWAY NW, SUITE 200  
SUITE 200  
BOCA RATON, FL 33487 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:** DANIEL KASKEL

03/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SAX, SPENCER M.  
Address        6111 BROKEN SOUND PARKWAY NW  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            VP  
Name            CAPLAN, LOUIS  
Address        6111 BROKEN SOUND PARKWAY NW  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            SECOND VICE PRESIDENT  
Name            ROBERT, BOYD  
Address        6111 BROKEN SOUND PARKWAY NW  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY, TREASURER  
Name            KASKEL, DANIEL  
Address        6111 BROKEN SOUND PARKWAY NW  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            SACHS, PETER S  
Address        6111 BROKEN SOUND PARKWAY NW  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

*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:** DANIEL KASKEL

**AUTHORIZED  
REPRESENTATIVE**

03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date