

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065821

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, SUITE200
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

01/29/2021

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 SHNER, LARRY
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**PARTNER**

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date