

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006329

Entity Name: BROKEN SOUND OFFICE SERVICES, LLC

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: 26-4082345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name SACHS SAX CAPLAN, P.L.
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: PETER S. SACHS

MANAGER

04/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date