

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028579

Entity Name: KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVINE, P.L.**Current Principal Place of Business:**201 S. BISCAYNE BOULEVARD
SUITE 2700
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BOULEVARD
SUITE 2700
MIAMI, FL 33131 US**FEI Number:** 26-4527913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAPLAN, ABBEY L
201 S. BISCAYNE BOULEVARD
SUITE 2700
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	KLUGER, ALAN J
Address	201 S. BISCAYNE BOULEVARD, STE 2700
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	KAPLAN, ABBEY L
Address	201 S. BISCAYNE BOULEVARD, STE 2700
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	SILVERMAN, STEVE I
Address	201 S. BISCAYNE BOULEVARD, STE 2700
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	KATZEN, BRUCE A
Address	201 S. BISCAYNE BOULEVARD, STE 2700
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	LEVINE, TODD A
Address	201 S. BISCAYNE BOULEVARD, STE 2700
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	MARKS, JASON R
Address	201 S. BISCAYNE BOULEVARD, STE 2700
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: ABBEY KAPLAN**MANAGER****04/11/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date