

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000015688

Entity Name: SAPOZNIK INSURANCE & ASSOCIATES, LLC

Current Principal Place of Business:

1100 NE 163RD STREET, 2ND FL
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1100 NE 163RD STREET, 2ND FL
NORTH MIAMI BEACH, FL 33162

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FRYE, AUSTIN A
20900 W DIXIE HIGHWAY
AVENTURA, FL 33180 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 RACHEL A. SAPOZNIK, TRUSTEE
Address 1100 NE 163RD STREET, 2ND FL
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: RACHEL A. SAPOZNIK

MGRM

01/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date