

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000024056

Entity Name: STUMPHAUZER FOSLID SLOMAN ROSS & KOLAYA, PLLC

FILED
Jan 29, 2021
Secretary of State
7889293437CC

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD
SUITE 1600
MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BLVD
SUITE 1600
MIAMI, FL 33131 US

FEI Number: 27-5029927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUMPHAUZER, RYAN
2 SOUTH BISCAYNE BLVD
SUITE 1600
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 OFFICE MANAGER
Name GONZALEZ, JENNY
Address 2 SOUTH BISCAYNE BLVD
SUITE 1600
City-State-Zip: MIAMI FL 33131

Title MBR
Name STUMPHAUZER, RYAN
Address 2 SOUTH BISCAYNE BLVD
SUITE 1600
City-State-Zip: MIAMI FL 33131

Title MBR
Name SLOMAN, JEFFREY
Address 2 SOUTH BISCAYNE BLVD
SUITE 1600
City-State-Zip: MIAMI FL 33131

Title MBR
Name FOSLID, ADAM M
Address 2 SOUTH BISCAYNE BLVD
SUITE 1600
City-State-Zip: MIAMI FL 33131

Title MBR
Name ROSS, IAN M
Address 2 SOUTH BISCAYNE BLVD
SUITE 1600
City-State-Zip: MIAMI FL 33131

Title MBR
Name KOLAYA, TIMOTHY A
Address 2 SOUTH BISCAYNE BLVD
SUITE 1600
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: JENNY GONZALEZ

OFFICE MANAGER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date