

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000024056

**Entity Name:** STUMPHAUZER FOSLID SLOMAN ROSS & KOLAYA, PLLC**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****03/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date