

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