

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057462

**Entity Name:** LAW OFFICE OF ROBERT M.ABRAMSON, P.L.

**Current Principal Place of Business:**

25 S.E. 2ND AVENUE  
SUITE1045  
MIAMI, FL 33131

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC6205649825**

**Current Mailing Address:**

25 S.E. 2ND AVENUE  
SUITE 1045  
MIAMI, FL 33131 US

**FEI Number: 46-2574754**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ABRAMSON, ROBERT M  
25 S.E. 2ND AVENUE  
SUITE 1045  
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            AUTHORIZED MEMBER  
Name            ABRAMSON, ROBERT M  
Address        25 S.E. 2ND AVENUE  
                  SUITE 1045  
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: ROBERT M. ABRAMSON**

**AUTHORIZED MEMBER**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date