

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000207928

**Entity Name:** SCHIER & SCHIER LLC

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD  
SUITE 209  
CORAL GABLES, FL 33134

**Current Mailing Address:**

815 PONCE DE LEON BLVD  
SUITE 209  
CORAL GABLES, FL 33134

**FEI Number:** 37-1800723

**Certificate of Status Desired:** No

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

PAULY P.A.  
815 PONCE DE LEON BLVD  
SUITE 209  
CORAL GABLES, FL 33134 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	AMBR	Title	AMBR
Name	SCHIER, BIANCA	Name	SCHIER, MEINHARD
Address	FAHLER 7	Address	FAHLER 7
City-State-Zip:	HAIGER D 35708	City-State-Zip:	HAIGER D 35708

*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:** BIANCA SCHIER

AMBR

02/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date