

**2023 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  
Name            SCHIER, BIANCA  
Address        FAHLER 7  
City-State-Zip: HAIGER D 35708

Title            AMBR  
Name            SCHIER, MEINHARD  
Address        FAHLER 7  
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

03/06/2023

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

\_\_\_\_\_  
Date