

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000053816

Entity Name: S-BRICK CAPITAL, LLC**Current Principal Place of Business:**201 S BISCAYNE BLVD #1210
MIAMI, FL 33131**Current Mailing Address:**201 S BISCAYNE BLVD #1210
MIAMI, FL 33131 US**FEI Number:** 82-4645728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SREBNICK, SCOTT A
201 S BISCAYNE BLVD #1210
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 | SREBNICK, SCOTT ALAN |
| Address | 201 S BISCAYNE BLVD #1210 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|-------------------------|
| Title | AUTHORIZED MEMBER |
| Name | SREBNICK, HOWARD MILTON |
| Address | 105 EAST RIVO ALTO |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|-----------------|--|
| Title | AUTHORIZED MEMBER |
| Name | MARIA SREBNICK REVOCABLE TRUST U/A/D 7/5/05 |
| Address | 5700 NORTH BAY ROAD |
| City-State-Zip: | MIAMI BEACH FL 33140 |

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: SCOTT SREBNICK

MEMBER

02/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date