

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000224735

Entity Name: SAPIENS INVESTMENT LAB LLC**Current Principal Place of Business:**55 MERRICK WAY
218
CORAL GABLES, FL 33134**Current Mailing Address:**55 MERRICK WAY
218
CORAL GABLES, FL 33134 US**FEI Number:** 89-1570091**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FUENTES, LESLIE ANAMARINA
55 MERRICK WAY
218
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:** LESLIE FUENTES

03/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title CEO, MANAGER
Name FUENTES ANGARITA, ANDRES
Address 765 CRANDON BLVD APT 307
City-State-Zip: KEY BISCAYNE FL 33149Title MANAGER, COO
Name RODRIGUEZ, HERNAN JOSE
Address 5910 SW 84TH ST
City-State-Zip: SOUTH MIAMI FL 33143Title MANAGER, TREASURER
Name FUENTES, LESLIE
Address 5910 SW 84TH ST.
City-State-Zip: SOUTH MIAMI FL 33143Title AUTHORIZED MEMBER
Name MERAND GROUP, INC
Address 55 MERRICK WAY
218
City-State-Zip: CORAL GABLES FL 33134Title AUTHORIZED MEMBER
Name FUENTES M, ANDRES A
Address 1425 BRICKELL AVE, APT 56A
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: LESLIE FUENTES

MANAGER

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date