

**2022 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:** No**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

05/01/2022

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:** LESIE ANAMARINA FUENTES

MANAGER

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date