

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003901

**Entity Name:** ENCORE MANAGEMENT GROUP OF FLORIDA LLC

**Current Principal Place of Business:**

90 EAST AVE.  
SARATOGA, NY 12866

**Current Mailing Address:**

90 EAST AVE.  
SARATOGA, NY 12866 US

**FEI Number: 83-2951468**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            COO  
Name            SPRINKLE, TED  
Address        90 EAST AVE.  
City-State-Zip: SARATOGA NY 12866

Title            CFO  
Name            KEMPF, JOHN  
Address        90 EAST AVE.  
City-State-Zip: SARATOGA NY 12866

Title            COO  
Name            SPRINKLE, LANCE  
Address        90 EAST AVE.  
City-State-Zip: SARATOGA NY 12866

Title            VP  
Name            ILER, FRANCIS R III  
Address        90 EAST AVE.  
City-State-Zip: SARATOGA NY 12866

Title            VP  
Name            CANARICK, JON  
Address        183 EAST PUTNAM AVE.  
City-State-Zip: GREENWICH CT 06830

Title            VP  
Name            WESTON, DAVID  
Address        183 EAST PUTNAM AVE.  
City-State-Zip: GREENWICH CT 06830

Title            DIRECTOR OF FINANCE  
Name            LUNDIN, ADAM  
Address        90 EAST AVE  
City-State-Zip: SARATOGA SPRINGS NY 12866

*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: ADAM LUNDIN**

**DIRECTOR OF FINANCE**

**03/14/2021**

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

\_\_\_\_\_  
Date