

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001780

Entity Name: EVENSKY & KATZ, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD., SUITE 850
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON BLVD., SUITE 850
CORAL GABLES, FL 33146 US

FEI Number: 20-8261109

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MULLER, CHARLES EII
7385 GALLOWAY ROAD, SUITE 200
MIAMI, FL 33173 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 MANAGING PARTNER
Name MCGRATH, MATTHEW A
Address 4000 PONCE DE LEON BLVD., SUITE 850
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name EVENSKY, DAVID S
Address 4000 PONCE DE LEON BOULEVARD, SUITE 850
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name GANG, TAYLOR M
Address 4000 PONCE DE LEON BOULEVARD, SUITE 850
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name GARCIA, DAVID E
Address 4000 PONCE DE LEON BOULEVARD, SUITE 850
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name HOROWITZ, BRETT D
Address 4000 PONCE DE LEON BOULEVARD, SUITE 850
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name JONES, LANE M
Address 4000 PONCE DE LEON BOULEVARD, SUITE 850
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name SALTER, KATHRYN J
Address 2615 RIDGE ROAD
City-State-Zip: LUBBOCK TX 79403

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: MATTHEW MCGRATH

MANAGING PARTNER

01/24/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date