

**2015 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 MGR  
Name EVENSKY, HAROLD R  
Address 4000 PONCE DE LEON BLVD., SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name KATZ, DEENA B  
Address 4000 PONCE DE LEON BLVD., SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

Title T  
Name BIELOW, MARIA C  
Address 4000 PONCE DE LEON BLVD., SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

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

Title VP  
Name MCGRATH, MATTHEW A  
Address 4000 PONCE DE LEON BLVD., SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARIA C BIELOW

**TREASURER**

**03/18/2015**

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

\_\_\_\_\_  
Date