

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 01, 2013
Secretary of State
CC6348067190

Entity Name: EVENSKY & KATZ, LLC

Current Principal Place of Business:

2333 PONCE DE LEON BLVD., P.H., STE. 1100
CORAL GABLES, FL 33134

Current Mailing Address:

2333 PONCE DE LEON BLVD., P.H., STE. 1100
CORAL GABLES, FL 33134

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 2333 PONCE DE LEON BLVD., SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name KATZ, DEENA B
Address 2333 PONCE DE LEON BLVD., SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title T
Name BIELOW, MARIA C
Address 2333 PONCE DE LEON BLVD., SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title S
Name JONES, LANE M
Address 2333 PONCE DE LEON BLVD., SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name MCGRATH, MATTHEW A
Address 2333 PONCE DE LEON BLVD., SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA C. BIELOW

TREASURER

02/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date