

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120019

**Entity Name:** SORKIN AND SORKIN PL

**Current Principal Place of Business:**

2850 N. UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2850 N. UNIVERSITY DR  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 27-1507865

**Certificate of Status Desired:** No

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

SORKIN, ROBIN S.  
2850 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065 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:** ROBIN S. SORKIN

04/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	SORKIN, ROBIN R	Name	SORKIN, JOHN R
Address	2850 N. UNIVERSITY DR	Address	2850 N. UNIVERSITY DR
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065

*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:** ROBIN S SORKIN

MGRM

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date