

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127885

Entity Name: PINCHASIK YELEN MUSKAT STEIN, LLC**Current Principal Place of Business:**3225 AVIATION AVE.
SUITE 500
MIAMI, FL 33133**Current Mailing Address:**3225 AVIATION AVE.
SUITE 500
MIAMI, FL 33133**FEI Number:** 27-4256127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YELEN, MITCHELL A
3225 AVIATION AVE.
SUITE 500
MIAMI, FL 33133 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 MGRM
Name PINCHASIK, MARK
Address 3225 AVIATION AVE., SUITE 500
City-State-Zip: MIAMI FL 33133

Title MGRM
Name YELEN, MITCHELL A
Address 3225 AVIATION AVE., SUITE 500
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MUSKAT, HARVEY P
Address 3225 AVIATION AVE., SUITE 500
City-State-Zip: MIAMI FL 33133

Title MGRM
Name STEIN, ROBERT A
Address 3225 AVIATION AVE., SUITE 500
City-State-Zip: MIAMI FL 33133

Title MGRM
Name ROBBINS, MELINDA F
Address 3225 AVIATION AVE
500
City-State-Zip: MIAMI FL 33133

Title MGRM
Name HALLER, GREGORY
Address 3225 AVIATION AVE.
SUITE 500
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MISIUNAS, BRIAN
Address 3225 AVIATION AVE.
SUITE 500
City-State-Zip: MIAMI FL 33133

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: MELINDA ROBBINS**MEMBER****01/09/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date