

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000195068

**Entity Name:** DB FAMILY OFFICE SERVICES LLC**Current Principal Place of Business:**490 SAWGRASS CORPORATE PKWY  
SUITE 200  
SUNRISE, FL 33325**Current Mailing Address:**490 SAWGRASS CORPORATE PKWY  
SUITE 200  
SUNRISE, FL 33325**FEI Number:** 47-5613913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DASZKAL BOLTON LLP  
490 SAWGRASS CORPORATE PKWY  
SUITE 200  
SUNRISE, FL 33325 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	DASZKAL BOLTON LLP
Address	2401 NW BOCA RATON BLVD, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	MGR
Name	MADISON FAMILY OFFICE
Address	490 SAWGRASS CORPORATE PKWY, SUITE 200
City-State-Zip:	SUNRISE FL 33325

Title	AUTHORIZED REPRESENTATIVE
Name	CHAVES, SONJA
Address	490 SAWGRASS CORP PKWY STE 200
City-State-Zip:	SUNRISE FL 33325

*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:** SONJA CHAVES

CFO

01/31/2020

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