

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000005716

**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**1353111811CC**

**Entity Name:** ROSS AMSEL RABEN NASCIMENTO, PLLC

**Current Principal Place of Business:**

2250 S.W. 3RD AVENUE  
SUITE 400  
MIAMI, FL 33129

**Current Mailing Address:**

2250 S.W. 3RD AVENUE  
SUITE 400  
MIAMI, FL 33129 US

**FEI Number:** 61-1778253

**Certificate of Status Desired:** No

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

NASCIMENTO, JOSEPH  
2250 SW 3RD AVE  
SUITE 400  
MIAMI, FL 33129 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	AMBR	Title	AMBR
Name	ROBERT G AMSEL P.A.	Name	DAVID RABEN, PA
Address	2250 S.W. 3RD AVENUE SUITE 400	Address	2250 S.W. 3RD AVENUE SUITE 400
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129
Title	AMBR		
Name	JOSEPH NASCIMENTO, P.A.		
Address	2250 S.W. 3RD AVENUE SUITE 400		
City-State-Zip:	MIAMI FL 33129		

*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:** JOSEPH NASCIMENTO

AMBR

01/27/2022

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

\_\_\_\_\_  
Date