

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000057697

Entity Name: BISON ASSET MANAGEMENT -- FLORIDA, LLC**Current Principal Place of Business:**20807 BISCAYNE BLVD
SUITE 100, BOX 142
AVENTURA, FL 33180**Current Mailing Address:**20807 BISCAYNE BLVD
SUITE 100, BOX 142
AVENTURA, FL 33180 US**FEI Number:** 01-0557961**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	SHECHTEL, ANDREW J
Address	C/O BISON ASSET MANAGEMENT - FL 20807 BISCAYNE BLVD. SUITE 100, BOX 142
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	SHECHTEL, JUSTIN G
Address	C/O BISON ASSET MANAGEMENT – FL 20807 BISCAYNE BLVD. SUITE 100, BOX 142
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	SHECHTEL, RAQUEL K
Address	C/O BISON ASSET MANAGEMENT – FL 20807 BISCAYNE BLVD. SUITE 100, BOX 142
City-State-Zip:	AVENTURA FL 33180

Title	OFFICER
Name	HENTZEL, TIMOTHY
Address	C/O MFN HOLDINGS, INC. 1350 BROADWAY, SUITE 2101
City-State-Zip:	NEW YORK NY 10018

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: TIMOTHY HENTZEL

OFFICER

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date