

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000050370

Entity Name: BRAMAN RE CONSULTANTS, LLC**Current Principal Place of Business:**2060 BISCAYNE BLVD
2ND FLOOR
MIAMI, FL 33137**Current Mailing Address:**2060 BISCAYNE BLVD
2ND FLOOR
MIAMI, FL 33137**FEI Number:** 85-3722022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEIBOWITZ, DAVID S
2060 BISCAYNE BLVD
2ND FLOOR
MIAMI, FL 33137 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 BRAMAN, NORMAN
Address 2060 BISCAYNE BLVD, 2ND FLOOR
City-State-Zip: MIAMI FL 33137

Title VP
Name SHACK, ALEX
Address 2060 BISCAYNE BLVD, 2ND FLOOR
City-State-Zip: MIAMI FL 33137

Title S
Name LEIBOWITZ, DAVID
Address 2060 BISCAYNE BLVD, 2ND FLOOR
City-State-Zip: MIAMI FL 33137

Title T
Name KOTZEN, RICHARD
Address 2060 BISCAYNE BLVD, 2ND FLOOR
City-State-Zip: MIAMI FL 33137

Title AS
Name SHACK, BRIAN
Address 2060 BISCAYNE BLVD, 2ND FLOOR
City-State-Zip: MIAMI FL 33137

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: NORMAN BRAMAN**PRESIDENT****02/18/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date