

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000360783

Entity Name: BRAMAN REINSURANCE 4 - AS, 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 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

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 AMBR
Name SHACK, ALEX
Address 2060 BISCAYNE BLVD, 2ND FLOOR
City-State-Zip: MIAMI FL 33178

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: ALEX SHACK

AMBR

03/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date