# 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.

AMBR

SIGNATURE: DAVID LEIBOWITZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: BRAMAN REINSURANCE 6 - DL/SK, LLC

# Current Principal Place of Business: 2060 BISCAYNE BLVD, 2ND FLOOR

2060 BISCAYNE BLVD, 2ND FLOOR MIAMI, FL 33137

DOCUMENT# L20000360836

# **Current Mailing Address:**

2060 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137 US

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

SHACK, BRIAN 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: BRIAN SHACK

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

TitleAMBRNameLEIBOWITZ, DAVID SAddress2060 BISCAYNE BLVD, 2ND FLOOR

City-State-Zip: MIAMI FL 33137

FILED Apr 19, 2023 Secretary of State 4352186685CC

Certificate of Status Desired: No

04/19/2023

Date

04/19/2023

#### 2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT