

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000360836

**Entity Name:** BRAMAN REINSURANCE 6 - DL/SK, 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 US

**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            LEIBOWITZ, DAVID S  
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:** DAVID LEIBOWITZ

AMBR

03/11/2021

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

\_\_\_\_\_  
Date