

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072490

**Entity Name:** BISMARCKIA MANAGEMENT LLC

**Current Principal Place of Business:**

C/O COZEN O'CONNOR  
200 S BISCAYNE BLVD., SUITE 3000  
MIAMI, FL 33131

**Current Mailing Address:**

C/O COZEN O'CONNOR  
200 S BISCAYNE BLVD., SUITE 3000  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLINE, CHARLES C  
200 S. BISCAYNE BOULEVARD, STE 3000  
MIAMI, FL 33131 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	CEO	Title	EVP, CFO, TREASURER
Name	KELLY, NICHOLAS D	Name	KELLY, KATHERINE L
Address	8255 NW 58 STREET	Address	8255 NW 58 STREET
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
Title	CEO	Title	PRESIDENT
Name	KELLY, LOYD PATRICK	Name	KELLY, CHRISTOPHER L
Address	8255 NW 58 STREET	Address	8255 N.W. 58TH STREET
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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:** CHRISTOPHER KELLY

**PRESIDENT**

**03/10/2023**

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

\_\_\_\_\_  
Date