I hereby certify that the information indicated on this report or supplemental report is true and accurate an oath; that I am a managing member or manager of the limited liability company or the receiver or trustee that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: MICHAEL COLLIER	MANAGING MEMBER	04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075971

Entity Name: COLLIER DEVELOPMENT, LLC

# **Current Principal Place of Business:**

18200 SW 68TH COURT SOUTHWEST RANCHES, FL 33331

# **Current Mailing Address:**

18200 SW 68TH COURT SOUTHWEST RANCHES, FL 33331 US

# FEI Number: 20-5306093

# Name and Address of Current Registered Age

COLLIER, MICHAEL 18200 SW 68TH COURT SOUTHWEST RANCHES, FL 33331 US

The above named entity submits this statement for the purpose of cha

#### SIGNATURE:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	COLLIER, MICHAEL	Name	COLLIER, NANCY
Address	18200 SW 68TH COURT	Address	18200 SW 68TH COURT
City-State-Zip:	SOUTHWEST RANCHES FL 33331	City-State-Zip:	SOUTHWEST RANCES FL 33331

Date

FILED Apr 25, 2016 Secretary of State CC8365898363

Date