

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000009164

**FILED**  
**Jan 30, 2018**  
**Secretary of State**  
**CC4925621178**

**Entity Name:** COFFEY BURLINGTON, P.L.

**Current Principal Place of Business:**

2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
MIAMI, FL 33133

**Current Mailing Address:**

2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
MIAMI, FL 33133 US

**FEI Number:** 20-8132056

**Certificate of Status Desired:** No

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

CHASE, ALAN R  
9400 S DADELAND BLVD STE 600  
MIAMI, FL 33156 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 MGRM  
Name COFFEY, KENDALL B  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name BURLINGTON, ROBERT K  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name BLONSKY, DANIEL F  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name CROCKETT, JEFFREY B  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name SCHWIEP, PAUL J  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name KAPLAN, KEVIN C  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name RAFFANELLO, SUSAN E  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name GROISMAN, GABRIEL  
Address 2601 S BAYSHORE DRIVE  
PENTHOUSE 1  
City-State-Zip: MIAMI FL 33133

*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:** ROBERT BURLINGTON

**MGRM**

**01/30/2018**

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

\_\_\_\_\_  
Date