

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009164

Entity Name: COFFEY BURLINGTON, P.L.

Current Principal Place of Business:

2601 S BAYSHORE DRIVE
PENTHOUSE 1
MIAMI, FL 33133

FILED
Jan 28, 2021
Secretary of State
5606520710CC

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

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 K BURLINGTON

MGRM

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date