

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127382

**Entity Name:** FLAGLER REAL ESTATE SERVICES, LLC

**Current Principal Place of Business:**

2855 LEJEUNE ROAD, 4TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2855 LEJEUNE ROAD, 4TH FLOOR  
CORAL GABLES, FL 33134

**FEI Number:** 61-1604637

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 FECI HOLDING CORP.  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name JOHN, LOWELL  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name HOENER, JAMES  
Address 4601 TOUCHTON RD, BLD 300, SUITE  
3200, 2ND  
City-State-Zip: JACKSONVILLE FL 32246

Title VPS  
Name COBB, KOLLEEN  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VPT  
Name GODOY, RUSTY  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name TICKELL, KEITH  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KOLLEEN COBB

**ATTORNEY IN FACT**

**04/17/2013**

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

\_\_\_\_\_  
Date