

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127382

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

**Current Principal Place of Business:**

C/O FECI  
350 NW 1ST AVENUE STE 200  
MIAMI, FL 33128

**Current Mailing Address:**

C/O FECI  
P.O. BOX 164739  
MIAMI, FL 33116 US

**FEI Number:** 61-1604637

**Certificate of Status Desired:** No

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

COBB, KOLLEEN O.P.  
C/O FECI  
350 NW 1ST AVENUE STE 200  
MIAMI, FL 33128 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:** KOLLEEN O.P. COBB

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name HOENER, JAMES  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

Title VP, SECRETARY  
Name COBB, KOLLEEN O.P.  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

Title VP, TREASURER, ASST. SECRETARY  
Name GODOY, JUAN  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

Title VP  
Name SUTTON, CHRISTOPHER J  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

Title VP  
Name ANDERSON, MAURICIO H  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

*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:** KOLLEEN O.P. COBB

VICE PRESIDENT

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date