## 2018 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 US

FEI Number: 61-1604637 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P. 2855 LEJEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134 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 04/10/2018

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM Title VP

Name FECI HOLDING CORP. Name HOENER, JAMES

Address 2855 LEJEUNE ROAD, 4TH FLOOR Address 4348 SOUTHPOINT BLVD

SUITE 330

City-State-Zip: CORAL GABLES FL 33134

City-State-Zip: JACKSONVILLE FL 32216

Title VP, SECRETARY

Name COBB, KOLLEEN O.P.

Address 2855 LEJEUNE ROAD, 4TH FLOOR

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City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP

Title VP
Name SNYDER, MARSHALL BRUCE

Address 2855 LEJEUNE ROAD, 4TH FLOOR

Address 2855 LEJEUNE ROAD, 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KOLLEEN O.P. COBB

VI

Electronic Signature of Signing Authorized Person(s) Detail

VICE PRESIDENT

04/10/2018

FILED Apr 10, 2018

**Secretary of State** 

CC1636633862

Date

Date