

**2014 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:**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

04/25/2014

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

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

Title VP, SECRETARY  
Name COBB, KOLLEEN O.P.  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY  
Name GODOY, JUAN  
Address 2855 LEJEUNE ROAD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name TICKELL, KEITH  
Address 4601 TOUCHTON RD E  
BLDG 300, SUITE 3200  
City-State-Zip: JACKSONVILLE FL 32246

*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

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date