

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119693

**FILED**  
**Mar 10, 2014**  
**Secretary of State**  
**CC6020942589**

**Entity Name:** CODINA VENTURE MANAGEMENT I, LLC

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE, SUITE 750  
CORAL GABLES, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVENUE, SUITE 750  
CORAL GABLES, FL 33146 US

**FEI Number:** 27-3988678

**Certificate of Status Desired:** No

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

GRAGG, K. LAWRENCE  
135 SAN LORENZO AVENUE SUITE 750  
CORAL GABLES, FL 33146 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 P  
Name CODINA, ARMANDO  
Address 135 SAN LORENZO AVENUE SUITE 750  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name CODINA BARLICK, ANA  
Address 135 SAN LORENZO AVENUE SUITE 750  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name GRAGG, K. LAWRENCE  
Address 135 SAN LORENZO AVENUE SUITE 750  
City-State-Zip: CORAL GABLES FL 33146

*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:** K. LAWRENCE GRAGG

VP

03/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date