

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087794

**FILED
Mar 27, 2017
Secretary of State
CC3731720216**

Entity Name: CODINA MULTIFAMILY, LLC

Current Principal Place of Business:

2020 SALZEDO STREET, 5TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2020 SALZEDO STREET, 5TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 45-2989009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMERO, RAFAEL G
2020 SALZEDO STREET, 5TH 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: RAFAEL G ROMERO

03/27/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER & CEO
Name CODINA, ARMANDO
Address 2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, S
Name BARLICK, ANA-MARIE CODINA
Address 2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title P, AS, T
Name GRAGG, K LAWRENCE
Address 2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title RE, AUTHORIZED REPRESENTATIVE
Name ROMERO, RAFAEL
Address 2020 SALZEDO STREET, 5TH 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL ROMERO

**AUTHORIZED
REPRESENTATIVE**

03/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date