

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000036584

Entity Name: FLAGLER BROKERAGE AND MANAGEMENT SERVICES LLC**Current Principal Place of Business:**700 NW 1ST AVENUE
SUITE 1620
MIAMI, FL 33136**Current Mailing Address:**700 NW 1ST AVENUE
SUITE 1620
MIAMI, FL 33136 US**FEI Number:** 80-0795151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBB, KOLLEEN O.P.
700 NW 1ST AVENUE
SUITE 1620
MIAMI, FL 33136 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 VP, SECRETARY
Name COBB, KOLLEEN O.P.
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title VP, SECRETARY
Name GODOY, JUAN
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title VP
Name HOENER, JAMES
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title VP
Name SUTTON, CHRISTOPHER JAY
Address 10505 NW 112TH AVE., SUITE 14
City-State-Zip: MIAMI FL 33178

Title VP
Name ANDERSON, MAURICIO H
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

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

05/12/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date