

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000036584

**Entity Name:** FLAGLER BROKERAGE AND MANAGEMENT SERVICES LLC**Current Principal Place of Business:**2855 S. LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**2855 S. LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134 US**FEI Number:** 80-0795151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBB, KOLLEEN O.P.  
2855 S. 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name SIGNORELLO, VINCENT  
Address 2855 S. LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title VP  
Name SNYDER, MARSHALL BRUCE  
Address 2855 S. LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name BELL, SCOTT  
Address 8427 SOUTH PARK CIRCLE  
SUITE 140  
City-State-Zip: ORLANDO FL 32819

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

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

Title VP  
Name GUITAR, JOHN ALEXANDER  
Address 2855 S. LEJEUNE ROAD 4TH 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:** KOLLEEN O.P. COBB**VICE PRESIDENT****01/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date