## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000141631

Entity Name: CODINA MANAGER, 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: 32-0468056 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 MANAGER Title MANAGER

Name CODINA, ARMANDO Name BARLICK, ANA-MARIE CODINA

Address 2020 SALZEDO STREET, 5TH FLOOR Address 2020 SALZEDO STREET, 5TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MEMBER

Name ARMANDO CODINA DECLARATION OF

TRUST 2006

Address 2020 SALZEDO STREET, 5TH FLOOR

City-State-Zip: CORAL GABLES FL 33134

SIGNATURE: ARMANDO CODINA

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/26/2023

FILED Apr 26, 2023

**Secretary of State** 

3793799692CC