

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000093725

Entity Name: HEXAGON MANAGEMENT LLC**Current Principal Place of Business:**2900 OAK AVENUE
COCONUT GROVE, FL 33133**Current Mailing Address:**2900 OAK AVENUE
COCONUT GROVE, FL 33133**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILLIPS, CANTOR & SHALEK, P.A
4000 HOLLYWOOD BLVD
500 N
HOLLYWOOD, FL 33021 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	MGR
Name	FORT, RAYMOND
Address	2900 OAK AVE.
City-State-Zip:	COCONUT GROVE FL 33133

Title	MGR
Name	FORT, MARISA
Address	2900 OAK AVE.
City-State-Zip:	COCONUT GROVE FL 33133

Title	MGR
Name	FORT, HAROLD
Address	2900 OAK AVE.
City-State-Zip:	COCONUT GROVE FL 33133

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: HAROLD E. FORT

MANAGER

01/25/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date