

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000167563

**Entity Name:** FLORIDA CODE PARTNERS LLC

**Current Principal Place of Business:**

19407 PRESIDENTIAL WAY  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

19407 PRESIDENTIAL WAY  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 83-1207527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEDA, JONATHAN H  
19407 PRESIDENTIAL WAY  
NORTH MIAMI BEACH, FL 33179 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 BEDA, JONATHAN  
Address 19407 PRESIDENTIAL WAY  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title AMBR  
Name THE PHILIP SOLOMON LIVING TRUST  
Address 501 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title AMBR  
Name THE ALBERTO AGHION  
DECLARATION OF TRUST  
Address 119 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title AMBR  
Name PERLMAN FAMILY 2011  
IRREVOCABLE TRUST NO.1  
Address 401 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title AMBR  
Name BEDA, SIMON  
Address 19407 PRESIDENTIAL WAY  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** JONATHAN BEDA

MGR

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date