

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119805

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** CODINA MANAGEMENT, LLC

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE  
SUITE 750  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

135 SAN LORENZO AVENUE  
SUITE 750  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 27-1510777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAGG, K. LAWRENCE  
135 SAN LORENZO AVENUE SUITE 750  
CORAL GABLES, FL 33146 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: CODINA, ARMANDO  
Address: 135 SAN LORENZO AVENUE, SUITE 750  
City-St-Zip: CORAL GABLES, FL 33146

Title: P  
Name: GRAGG, K. LAWRENCE  
Address: 135 SAN LORENZO AVENUE, SUITE 750  
City-St-Zip: CORAL GABLES, FL 33146

Title: VTS  
Name: BARLICK, ANA-MARIE C  
Address: 135 SAN LORENZO AVENUE, SUITE 750  
City-St-Zip: CORAL GABLES, FL 33146

Title: ASAT  
Name: GRAGG, K. LAWRENCE  
Address: 135 SAN LORENZO AVENUE, SUITE 750  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GRAGG, K. LAWRENCE

ASAT

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date