

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015695

**Entity Name:** 1921 FLAGLER, LLC**Current Principal Place of Business:**1921 FLAGLER AVE.  
KEY WEST, FL 33040**Current Mailing Address:**PO BOX 371865  
KEY LARGO, FL 33037 US**FEI Number:** 65-1076884**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CULLIN, ROBERT A  
605 ISLAND DRIVE  
KEY LARGO, FL 33037 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	MGRM
Name	CULLIN, ROBERT A
Address	605 ISLAND DRIVE
City-State-Zip:	KEY LARGO FL

Title	MGR
Name	CULLIN, DEBORAH A
Address	605 ISLAND DRIVE
City-State-Zip:	KEY LARGO FL

Title	MGR
Name	BELLO, JACQUELYN L
Address	57 SNAPPER AVE.
City-State-Zip:	KEY LARGO FL

Title	MGR
Name	CULLIN, PATRICIA A
Address	684 DOLPHIN AVE
City-State-Zip:	KEY LARGO FL

Title	MGR
Name	CULLIN, GEORGE F
Address	684 DOLPHIN AVE
City-State-Zip:	KEY LARGO FL

*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:** JACQUELYN BELLO

MBR

01/15/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date