

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020650

Entity Name: COLLIER MANAGEMENT, LLC**Current Principal Place of Business:**2550 GOODLETTE RD N
NAPLES, FL 34103**Current Mailing Address:**2550 GOODLETTE RD N
NAPLES, FL 34103 US**FEI Number:** 59-3758650**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	PRINCIPAL, CEO	Title	PRINCIPAL, PRESIDENT
Name	COLLIER, MILES C	Name	COLLIER, PARKER J
Address	2550 GOODLETTE RD N	Address	2550 GOODLETTE RD N
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	PRINCIPAL, STRATEGIC FINANCIER	Title	EXECUTIVE VICE PRESIDENT
Name	WALTON, ROBERT A.	Name	WALKER, SANDRA D
Address	2550 GOODLETTE RD N	Address	2550 GOODLETTE RD N
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	SECRETARY, TREASURER		
Name	GIBSON, KAREN S.		
Address	2550 GOODLETTE RD N		
City-State-Zip:	NAPLES FL 34103		

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: ROBERT WALTON

03/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date