

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020650

Entity Name: COLLIER MANAGEMENT, LLC**Current Principal Place of Business:**9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109**Current Mailing Address:**9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109 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	MANAGER, CEO
Name	COLLIER, MILES C
Address	9045 STRADA STELL COURT SUITE 500
City-State-Zip:	NAPLES FL 34109

Title	MANAGER, PRESIDENT
Name	COLLIER, PARKER J
Address	9045 STRADA STELL COURT SUITE 500
City-State-Zip:	NAPLES FL 34109

Title	MANAGER, EXECUTIVE VICE PRESIDENT
Name	THOMAS, WILLIAM E
Address	9045 STRADA STELL COURT SUITE 500
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY, TREASURER
Name	WALKER, SANDRA D
Address	9045 STRADA STELL COURT SUITE 500
City-State-Zip:	NAPLES FL 34109

Title	COO
Name	GIVENS, WILLIAM F.
Address	9045 STRADA STELL COURT SUITE 500
City-State-Zip:	NAPLES FL 34109

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: WILLIAM E. THOMAS

MANAGER

03/02/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date