

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097271

**Entity Name:** CODINA PARTNERS, LLC

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE  
SUITE 750  
CORAL GABLES, FL 33146

**Current Mailing Address:**

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

**FEI Number:** 27-1082074

**Certificate of Status Desired:** No

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

GRAGG, K. LAWRENCE  
135 SAN LORENZO AVENUE SUITE 750  
CORAL GABLES, FL 33146 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            CEO  
Name            CODINA, ARMANDO  
Address        135 SAN LOREZNO AVENUE, STE 750  
City-State-Zip: CORAL GABLES FL 33146

Title            P  
Name            GRAGG, K. LAWRENCE  
Address        135 SAN LOREZNO AVENUE, STE 750  
City-State-Zip: CORAL GABLES FL 33146

Title            VST  
Name            BARLICK, ANA-MARIE C  
Address        135 SAN LOREZNO AVENUE, STE 750  
City-State-Zip: CORAL GABLES FL 33146

Title            ASAT  
Name            GRAGG, K. LAWRENCE  
Address        135 SAN LOREZNO AVENUE, STE 750  
City-State-Zip: CORAL GABLES FL 33146

*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:** K. LAWRENCE GRAGG

VP

03/10/2014

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

\_\_\_\_\_  
Date