# 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

| SIGNATURE: FRANCIS R. |             |
|-----------------------|-------------|
|                       | MANGAGLIONE |

Electronic Signature of Signing Authorized Person(s) Detail

# DAVIE, FL 33329 FEI Number: 27-2849575

**Current Principal Place of Business:** 

DOCUMENT# L10000065354

8443 N. LAKE FOREST DR.

**Current Mailing Address:** 

DAVIE. FL 33328

P.O.BOX 291448

## Name and Address of Current Registered Agent:

MARGAGLIONE, FRANCIS R 8443 N. LAKE FOREST DRIVE DAVIE, FL 33328 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

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FLAGLER PROPERTY OF BROWARD COUNTY LLC

# Authorized Person(s) Detail :

| Title           | MGRM                    | Title           | MGR                       |
|-----------------|-------------------------|-----------------|---------------------------|
| Name            | MARGAGLIONE, FRANCIS R  | Name            | MARGAGLIONE, FRANCIS V    |
| Address         | 8443 N. LAKE FOREST DR. | Address         | 8443 N. LAKE FOREST DRIVE |
| City-State-Zip: | DAVIE FL 33328          | City-State-Zip: | DAVIE FL 33328            |

MGRM

FILED Mar 13, 2013

## Certificate of Status Desired: No

03/13/2013

Date

Date

# Secretary of State CC7636625913