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. 04/24/2017

MGRM

SIGNATURE: FRANCIS R. MARGAGLIONE

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: DAVIE FL 33328 City-State-Zip: DAVIE FL 33328

() **b** () . .

Authorized Person(s) Detail :					
Title	MGRM	Title	MGR		
Name	MARGAGLIONE, FRANCIS R	Name	MARGAGLIONE, FRANCIS R		
Address	8443 N. LAKE FOREST DR.	Address	8443 N. LAKE FOREST DRIVE		
Citv-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328		

Entity Name: FLAGLER PROPERTY OF BROWARD COUNTY LLC)
Current Principal Place of Business:	

8443 N. LAKE FOREST DR. DAVIE, FL 33328

Current Mailing Address:

DOCUMENT# L10000065354

P.O.BOX 291448 DAVIE, FL 33329

FEI Number: 27-2849575

Name and Address of Current Registered Agent:

Electronic Signature of 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:

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	
DOCUMENT#110000065354	

Certificate of Status Desired: No

Date

FILED Apr 24, 2017 Secretary of State CC6023917767

Date