

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000198718

**Entity Name:** FLAGLER INVESTMENT PARTNERS, LLC

**Current Principal Place of Business:**

TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2000  
MIAMI, FL 33131

**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**7837894804CC**

**Current Mailing Address:**

TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2000  
MIAMI, FL 33131 US

**FEI Number:** 82-2901425

**Certificate of Status Desired:** No

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

CHOUKROUN, DIDIER  
TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2000  
MIAMI, FL 33131 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 MGR  
Name CHOUKROUN, DIDIER  
Address TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2000  
City-State-Zip: MIAMI FL 33131

Title CFO  
Name EGOZI CHOUKROUN, ESTHER  
VICTORIA  
Address TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2000  
City-State-Zip: MIAMI FL 33131

*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:** ESTHER EGOZI CHOUKROUN

**CFO**

**01/22/2023**

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

\_\_\_\_\_  
Date