

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000020650

Entity Name: MILES COLLIER COLLECTIONS LLC**Current Principal Place of Business:**2550 GOODLETTE RD N
NAPLES, FL 34103**Current Mailing Address:**2550 GOODLETTE RD N
NAPLES, FL 34103 US**FEI Number:** 00-0000000**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:** HOLLY JONES

02/26/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER, PRESIDENT
Name	COLLIER, MILES C	Name	WALTON, ROBERT A.
Address	2550 GOODLETTE RD N	Address	2550 GOODLETTE RD N
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	EXECUTIVE VICE PRESIDENT	Title	MANAGING DIRECTOR
Name	WALKER, SANDRA D	Name	GRANT, CARL
Address	2550 GOODLETTE RD N	Address	2550 GOODLETTE RD N
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	CHIEF CURATOR	Title	SECRETARY, TREASURER
Name	GEORGE, L. SCOTT	Name	GIBSON, KAREN S.
Address	2550 GOODLETTE RD N	Address	2550 GOODLETTE RD N
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103

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: SANDRA WALKEREXECUTIVE VICE
PRESIDENT

02/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date