

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000131326

**Entity Name:** FLAGLER PERSONAL INJURY GROUP LLC

**Current Principal Place of Business:**

1 NE 2ND AVE  
#200  
MIAMI, FL 33132

**Current Mailing Address:**

1 NE 2ND AVE  
#200  
MIAMI, FL 33132 US

**FEI Number:** 83-1979985

**Certificate of Status Desired:** No

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

STROLENY, JULIAN V  
1 NE 2ND AVE  
#200  
MIAMI, FL 33132 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 STROLENY, JULIAN V  
Address 1 NE 2ND AVE #200  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name KARGER, AARON  
Address 244 BISCAYNE BLVD  
APT 1709  
City-State-Zip: MIAMI FL 33132

*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:** STROLENY , JULIAN V

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date