2001	UNIFORM BUSI	NESS REPU	RT (UBK)		
DOCUMENT # L0000014945 1. Entity Name				FILED	
PLACE P	PLAN, LLC			01 MAY -8 AM 9: 33	
				SECRETARY OF STATE > -/ TALLAHASSEE, FLORIDA	
Principal Place 2331 Y 0.P., F	Marcel Dr. 3	Mailing Address 2331 Marc Drange Park,	el Dr. FL 32073	TALEATIAGGEST EGMON	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	3	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For Not Applied For	ole
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
CYNH	ia S. David		Name		
2331	Marcel Dr.		Street Address	s (P.O. Box Number is Not Acceptable)	
Orange	2 PARK, FE 30	2073			
			City	FL Zip Code	
 SIGNATURE _	named entity submits this statement for	S. Den	s registered office or regist TE! Registered Agent signature requir	stered agent, or both, in the State of Florida.	
<u></u>	Ostalia de la superioria della superiori	· · · · · · · · · · · · · · · · · · ·			
			OW!!! FEE IS \$50.00 ayable to Department		
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS	member/manager Cynthia S. David 2331 marcel Dr.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	ion
CITY-ST-ZIP	Orange Park, Fr	<u> </u>	TITLE	Change Addit	—— tion
NAME STREET ADORESS CITY-ST-ZIP		□ Usigle	NAME STREET ADDRESS CITY - ST - ZIP	3000043674994 06/06/0101043022 *****\$0.00_******50.00	ļ
TITLE		☐ Delete	TITLE	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	ion
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP	_		NAME STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
l indicated	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall baye	the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.	1
SIGNAT	URE: SIGNATURE AND TYPED GAPPRINTED NAME OF	SIGNING MANAGING MEMBER, MA	ANAGER, OR AUTHORIZED REPRE	4/16/01 (904)278-068. ESENTATIVE Date Daytime Phone #	8