Current Pri 7563 ISLA VER DELRAY BEAC			CC3068	204031
Current Mai	ling Address:			
	YERDE WAY EACH, FL 33446			
FEI Number: 65-0717171			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
SUITE 107	RENCE J PORATE BLVD FL 33432 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.				
	,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	.		nuu.
SIGNATUR	E: LAWRENCE J MILLER			04/28/2017
SIGNATUR				
	E: LAWRENCE J MILLER			04/28/2017
	E: LAWRENCE J MILLER Electronic Signature of Registered Agent	Document #		04/28/2017
General Pa	E: LAWRENCE J MILLER Electronic Signature of Registered Agent		PLUZNICK-MARRIN, MARCY	04/28/2017
General Par Document #	E: LAWRENCE J MILLER Electronic Signature of Registered Agent	Document #		04/28/2017
General Par Document # Name Address	E: LAWRENCE J MILLER Electronic Signature of Registered Agent rtner Detail : PLUZNICK, SELMA R	Document # Name Address	PLUZNICK-MARRIN, MARCY	04/28/2017
General Par Document # Name Address	E: LAWRENCE J MILLER Electronic Signature of Registered Agent Ther Detail : PLUZNICK, SELMA R 7563 ISLA VERDE WAY	Document # Name Address	PLUZNICK-MARRIN, MARCY 4561 FABLE CT.	04/28/2017
General Par Document # Name Address City-State-Zip:	E: LAWRENCE J MILLER Electronic Signature of Registered Agent Ther Detail : PLUZNICK, SELMA R 7563 ISLA VERDE WAY	Document # Name Address	PLUZNICK-MARRIN, MARCY 4561 FABLE CT.	04/28/2017
General Par Document # Name Address City-State-Zip: Document #	E: LAWRENCE J MILLER Electronic Signature of Registered Agent Ther Detail : PLUZNICK, SELMA R 7563 ISLA VERDE WAY DELRAY BEACH FL 33446	Document # Name Address	PLUZNICK-MARRIN, MARCY 4561 FABLE CT.	04/28/2017
General Par Document # Name Address City-State-Zip: Document # Name	E: LAWRENCE J MILLER Electronic Signature of Registered Agent Ther Detail : PLUZNICK, SELMA R 7563 ISLA VERDE WAY DELRAY BEACH FL 33446 PLUZNICK, MICHAEL 7563 ISLA VERDE WAY	Document # Name Address	PLUZNICK-MARRIN, MARCY 4561 FABLE CT.	04/28/2017

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SELMA PLUZNICK

Electronic Signature of Signing General Partner Detail

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: THE PLUZNICK FAMILY LIMITED PARTNERSHIP L.L.L.P.

DOCUMENT# A96000001594

PARTNER

FILED Apr 28, 2017

Secretary of State

CC3068204651