# 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: LAWRENCE J. MILLER

Electronic Signature of Signing General Partner Detail

REGISTERED AGENT

## 2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

### DOCUMENT# A96000001594

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

### **Current Principal Place of Business:**

401 E. LINTON BLVD. SUITE 425 DELRAY BEACH, FL 33483

## **Current Mailing Address:**

401 E. LINTON BLVD. SUITE 425 DELRAY BEACH, FL 33483 US

## FEI Number: 65-0717171

## Name and Address of Current Registered Agent:

MILLER, LAWRENCE J 2101 NW CORPORATE BLVD SUITE 107 BOCA RATON, 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.

SIGNATURE	: LAWRENCE J MILLER			08/21/2019
	Electronic Signature of Registered Agent			Date
General Partner Detail :				
Document #		Document #		
Name	PLUZNICK-MARRIN, MARCY	Name	PLUZNICK, MICHAEL	
Address	4561 FABLE CT.	Address	401 E. LINTON BLVD.	
City-State-Zip:	SANTA ROSA CA 95404	City-State-Zip:	APT. 425 DELRAY BEACH FL 33483	
Document #				
Name	SELMA RUTH PLUZNICK REVOCABLE TRUST, GLENN GOPMAN, TRUSTEE			
Address	16855 NE 2ND AVENUE SUITE 303			
City-State-Zip:	N MIAMI BEACH FL 33162			

Certificate of Status Desired: No

FILED Aug 21, 2019 Secretary of State 1632240906CC

> 08/21/2019 Date