

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010365

Entity Name: INTERPLAN LLC**Current Principal Place of Business:**220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**220 E CENTRAL PARKWAY
SUITE 4000
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 59-3667640**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARTIN, LAUREL ROSE
220 E CENTRAL PARKWAY,
STE 4000
ALTAMONTE SPRINGS, FL 32701 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:** LAUREL ROSE MARTIN

01/03/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRINCIPAL
Name BOYCE, DAVID
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name NEBLOCK, GREGORY
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name ANDERSON, STUART
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name MCCOIG, KENNETH
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name RINGLEVER, PATRICK
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name HENSON, STACY
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name PICKLE, DAN
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name CABALA, DENNIS
Address 220 E CENTRAL PARKWAY,
4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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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: MARTIN , LAUREL , ROSE

PRINCIPAL

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name WISZ, MATTHEW
Address 220 E CENTRAL PARKWAY,
 4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title PRINCIPAL
Name MARTIN, LAUREL ROSE
Address 220 E CENTRAL PARKWAY,
 4TH FLOOR STE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name SCHONEMAN, JASON
Address ONE SOUTH 280 SUMMIT AVE.
 SUITE D
City-State-Zip: OAKBROOK TERRACE IL 60181

Title MEMBER
Name POMROY, MONICA MEMBER
Address 220 E CENTRAL PARKWAY
 SUITE 4000
City-State-Zip: ALTAMONTE SPRINGS FL 32701