

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121891

**FILED  
Apr 19, 2016  
Secretary of State  
CC0596740009**

**Entity Name:** PEEBLES DEVELOPMENT, LLC

**Current Principal Place of Business:**

C/O THE PEEBLES CORPORATION  
2020 PONCE DE LEON BOULEVARD SUITE 907  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O THE PEEBLES CORPORATION  
2020 PONCE DE LEON BOULEVARD SUITE 907  
CORAL GABLES, FL 33134 US

**FEI Number:** 84-1722432

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	PEEBLES, R. DONAHUE	Name	PLOTKIN, LOWELL D.
Address	C/O THE PEEBLES CORPORATION 2020 PONCE DE LEON BOULEVARD SUITE 907	Address	C/O THE PEEBLES CORPORATION 2020 PONCE DE LEON BOULEVARD SUITE 907
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** LOWELL D. PLOTKIN

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date