

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063272

**Entity Name:** N302DP, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** NOT APPLICABLE

**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	MEMBER
Name	PEEBLES, R. DONAHUE	Name	PLOTKIN, LOWELL D.
Address	C/O THE PEEBLES CORPORATION 2020 PONCE DE LEON BOULVEVARD SUITE 907	Address	C/O THE PEEBLES CORPORATION 2020 PONCE DE LEON BOULVEVARD 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 SIGNER**

**04/30/2015**

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

\_\_\_\_\_  
Date