2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102446

Entity Name: PARC PLACE HOMES, L.L.C.

Current Principal Place of Business:

8747 NAVARRE PARKWAY SUITE 401 NAVARRE, FL 32566

Current Mailing Address:

8747 NAVARRE PARKWAY SUITE 401 NAVARRE, FL 32566 US

FEI Number: 61-1606766

Name and Address of Current Registered Agent:

PERSPECTIVE DESIGN & DEVELOPMENT, LLC 8747 NAVARRE PARKWAY SUITE 401 NAVARRE, FL 32566 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 | : JAMIE FORBES | | | 08/19/2019 |
|-------------------------------|--|---|--|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGRM | Title | MGRM | |
| Name | CROWSON, THOMAS DR | Name | PERSPECTIVE DESIGN & DEVELOPMENT, LLC | |
| Address | 5016 FOURTH PLACE | | | |
| City-State-Zip: | MERIDIAN MS 39305 | Address | 8747 NAVARRE PARKWAY SUITE 401 | |
| | | City-State-Zip: | NAVARRE FL 32566 | |
| Title | AUTHORIZED REPRESENTATIVE | , | | |
| Name | FORBES, JAMIE V III | | | |
| Address | 8747 NAVARRE PARKWAY SUITE 401 | | | |
| City-State-Zip: | NAVARRE FL 32566 | | | |

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: JAMIE V FORBES, III

AUTHORIZED REPRESENTATIVE 08/19/2019

FILED Aug 19, 2019 Secretary of State 2576692376CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail