ST.AUGUSTIN	E, FL 32080			
1060 HIGHM	ling Address: IONT ROAD IH, PA 15232-2905			
FEI Number: 16-9326499			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
3942 A1A SOU	LTY & PROPERTY MANAGEMENT, INC			
The above named	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE			07/17/202	
	E: JUDY S. ALLIGOOD		07/17/202	20
OIGNATORE	Electronic Signature of Registered Agent		Date	20
				20
	Electronic Signature of Registered Agent	Title		20
Authorized	Electronic Signature of Registered Agent Person(s) Detail:	Title Name	Date	20
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR		Date	20
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR SCHMIDT, THOMAS M 1060 HIGHMONT ROAD	Name	Date MGR CLAIRE, HELEN 2801 NEW MEXICO AVENUE,APT 515	20
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR SCHMIDT, THOMAS M 1060 HIGHMONT ROAD	Name Address	Date MGR CLAIRE, HELEN 2801 NEW MEXICO AVENUE,APT 515	20
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR SCHMIDT, THOMAS M 1060 HIGHMONT ROAD PITTSBURGH PA 15232-2905 COMMUNITY ASSOCIATION	Name Address	Date MGR CLAIRE, HELEN 2801 NEW MEXICO AVENUE,APT 515	20
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR SCHMIDT, THOMAS M 1060 HIGHMONT ROAD PITTSBURGH PA 15232-2905 COMMUNITY ASSOCIATION MANAGER	Name Address	Date MGR CLAIRE, HELEN 2801 NEW MEXICO AVENUE,APT 515	20

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: JUDY ALLIGOOD

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

07/17/2020 Date

FILED Jul 17, 2020 **Secretary of State** 8163973914CC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138086

Entity Name: TARA OAKS PLAZA, LLC

Current Principal Place of Business:

3942 A1A SOUTH