

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000117605

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC9012226841**

**Entity Name:** THE PLANTATION INVESTMENT OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

4348 SOUTHPOINT BOULEVARD  
SUITE 210  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4348 SOUTHPOINT BOULEVARD  
SUITE 210  
JACKSONVILLE, FL 32216 US

**FEI Number:** 47-1431951

**Certificate of Status Desired:** Yes

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

KELLISON, LEE G ESQ.  
6817 SOUTHPOINT PARKWAY  
SUITE 603  
JACKSONVILLE, FL 32216 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 MGR  
Name ARSENAULT, LEE  
Address 3948 SOUTHPOINT BOULEVARD, STE 210  
City-State-Zip: JACKSONVILLE FL 32216

Title ALTERNATE MANAGER  
Name ROBBINS, VICTORIA  
Address 4348 SOUTHPOINT BOULEVARD SUITE 210  
City-State-Zip: JACKSONVILLE FL 32216

Title ALTERNATE MANAGER  
Name ROBBINS, DAVID  
Address 4348 SOUTHPOINT BOULEVARD SUITE 210  
City-State-Zip: JACKSONVILLE FL 32216

*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:** LEE ARSENAULT

**MANAGER**

**03/02/2016**

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

\_\_\_\_\_  
Date