

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000011230

**Entity Name:** POST PLUTO LLC

**Current Principal Place of Business:**

1305 E HERNANDEZST  
PENSACOLA, FL 32503

**Current Mailing Address:**

1305 E HERNANDEZ ST  
PENSACOLA, FL 32503 US

**FEI Number:** 47-5668691

**Certificate of Status Desired:** Yes

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

MC SQUARED GROUP INC  
216 S TARRAGONA ST  
SUITE A  
PENSACOLA, FL 32502 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 GARCIA, MICHAEL A  
Address 1305 E HERNANDEZ ST  
City-State-Zip: PENSACOLA FL 32503

Title MGR  
Name FRANK, GORDON J  
Address 2805 WHISPER PINE DR  
City-State-Zip: GULF BREEZE FL 32563

Title MGR  
Name SMITH, JEFFREY A II  
Address 1707 E CERVANTES ST  
City-State-Zip: PENSACOLA FL 32501

Title MGR  
Name PELKOWSKI, TOMMY L  
Address 5020 REGALO DR  
City-State-Zip: PENSACOLA FL 32526

Title MGR  
Name GERKE, ERIC M  
Address 451 YORK ST  
City-State-Zip: PENSACOLA FL 32561

*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:** MICHAEL GARCIA

**OFFICER**

**04/26/2017**

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

\_\_\_\_\_  
Date