

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000016123

Entity Name: 4PLAE LLC

Current Principal Place of Business:

9672 MAGNOLIA BLOSSOM DR.
TAMPA, FL 33626

Current Mailing Address:

POST OFFICE BOX 1932
ALACHUA, FL 32616

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASH, ROBERT A
2770 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32606 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 | MGRM | Title | MGRM |
| Name | SPRINGER, MARC A | Name | SPRINGER, TRISTA M |
| Address | POST OFFICE BOX 1932 | Address | POST OFFICE BOX 1932 |
| City-State-Zip: | ALACHUA FL 32616 | City-State-Zip: | ALACHUA FL 32616 |

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: MARC A SPRINGER

MGRM

03/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date