

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038754

**Entity Name:** PF WEST SIDE PLAZA, LLC

**Current Principal Place of Business:**

27 NORTHWESTERN DR  
STE 2  
SALEM, NH 03079

**Current Mailing Address:**

27 NORTHWESTERN DR  
STE 2  
SALEM, NH 03079 US

**FEI Number:** 82-4393362

**Certificate of Status Desired:** No

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

CT CORPORATION  
1200 S PINE ISLAND RD  
SUITE B  
PLANTATION, FL 33324 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:** JAYNE SMITH

02/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                             |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Title           | CONTROLLER                  | Title           | CFO                         |
| Name            | CHRISTINA, MARK             | Name            | CAHILL, SEAN                |
| Address         | 27 NORTHWESTERN DR<br>STE 2 | Address         | 27 NORTHWESTERN DR<br>STE 2 |
| City-State-Zip: | SALEM NH 03079              | City-State-Zip: | SALEM NH 03079              |

*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:** MARK CHRISTINA

VP

02/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date