

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000038754

Entity Name: PF WEST SIDE PLAZA, LLC

Current Principal Place of Business:

5810-2 NORMANDY BLVD
JACKSONVILLE, FL 32205

Current Mailing Address:

601 SOUTH PONCE DE LEON BLVD
SUITE B
ST. AUGUSTINE, FL 32084 US

FEI Number: 82-4393362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERLIHY, JOSEPH R ESQ.
601 SOUTH PONCE DE LEON BLVD
SUITE B
ST. AUGUSTINE, FL 32085 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	MURRAY, MIKE
Address	4813 LAST STAND DRIVE
City-State-Zip:	PARK CITY UT 84098
Title	MGR
Name	FREGEAU, PETER
Address	1177 SAGAMORE AVENUE, #2
City-State-Zip:	PORTSMOUTH NH 03801

Title	MGR
Name	PAPPAS, BRYAN
Address	2 BRACKETT LANE
City-State-Zip:	PORTSMOUTH NH 03801
Title	AMBR
Name	HERLIHY, JOSEPH R
Address	717 PORTA ROSA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32092

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: JOSEPH HERLIHY

GENERAL COUNSEL

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date