

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000208210

**Entity Name:** REESES PLK LLC

**Current Principal Place of Business:**

4725 ORMOND BEACH  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4417 J J WATSON AVENUE  
NASHVILLE, TN 37211 US

**FEI Number:** 83-3413859

**Certificate of Status Desired:** No

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

LEFEBVRE, SARAH  
4725 ORMOND BEACH WAY  
KISSIMMEE, FL 34746 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 AUTHORIZED MEMBER  
Name LEFEBVRE, SARAH  
Address 4417 J J WATSON AVENUE  
City-State-Zip: NASHVILLE TN 37211

Title AUTHORIZED MEMBER  
Name KRIEGER, ANDREW  
Address 4417 J J WATSON AVENUE  
City-State-Zip: NASHVILLE TN 37211

*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:** SARAH LEFEBVRE

**AUTHORIZED MEMBER**

**06/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date