| ST AUGUST  | INE, FL 32080 US                         |                 |                                   |            |  |
|--|--|-----------------|-----------------------------------|------------|--|
| FEI Number: 83-2037452   |  |                 | Certificate of Status Desired: No |            |  |
| Name and A   | ddress of Current Registered Agent:      |                 |                                   |            |  |
| KELLEY, SEAN<br>685 OCEAN PA<br>SAINT AUGUST   | LM WAY<br>FINE, FL 32080 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  | SEAN KELLEY                              |                 |                                   | 03/12/2024 |  |
|  | Electronic Signature of Registered Agent |                 |                                   | Date       |  |
| Authorized Person(s) Detail :  |  |                 |                                   |            |  |
| Title  | MGR                                      | Title           | AMBR                              |            |  |
| Name   | MCLEOD, ROBERT L II                      | Name            | QUINNEY, DAVID W                  |            |  |
| :  | 1200 PLANTATION ISLAND DRIVE,<br>#140    | Address         | 11 ARPIEKA AVENUE                 |            |  |
|  |  | City-State-Zip: | SAINT AUGUSTINE FL 32080          |            |  |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000227510

Entity Name: THE PALMS ON PLANTATION, LLC

## **Current Principal Place of Business:**

700 PLANTATION ISLAND DRIVE SOUTH ST. AUGUSTINE, FL 32080

## **Current Mailing Address:**

A1A SOUTH, SUITE C10

City-State-Zip: SAINT AUGUSTINE FL 32080

| 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: DAVID W QUINNEY

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Mar 12, 2024 Secretary of State 1922953485CC