

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299000004188

1. Entity Name

Plantation Center Partners, LLC

FILED

01 APR 23 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

777 Brickell Ave

3. Mailing Address

777 Brickell Ave

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0959234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IRA M. Levenson
777 Brickell Ave
Suite 1200
Miami FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | <u>MBRM</u> | <input type="checkbox"/> Delete |
| NAME | <u>Nathan Lewin</u> | |
| STREET ADDRESS | <u>Wuerz Square 17</u> | |
| CITY-ST-ZIP | <u>80539 Munchen, Germany</u> | |
| TITLE | <u>MBRM</u> | <input type="checkbox"/> Delete |
| NAME | <u>IRA M. Levenson</u> | |
| STREET ADDRESS | <u>777 Brickell Suite 1200</u> | |
| CITY-ST-ZIP | <u>Miami FL 33131</u> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/01 352-373-9800

CR2E083 (11/00)