

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000087102

**Entity Name:** PL DEVELOPMENT-E, INC.

**Current Principal Place of Business:**

3665 BEE RIDGE RD.  
STE. 310  
SARASOTA, FL 34233

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC8120885937**

**Current Mailing Address:**

3665 BEE RIDGE RD.  
STE. 310  
SARASOTA, FL 34233

**FEI Number:** 20-1210814

**Certificate of Status Desired:** No

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

THOMAS, DORA MARIA C  
3665 BEE RIDGE RD.  
STE. 310  
SARASOTA, FL 34233 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

**Officer/Director Detail :**

Title D  
Name CARRION, JAIME S  
Address 3665 BEE RIDGE ROAD STE 310  
City-State-Zip: SARASOTA FL 34233

Title PD  
Name MORRIS, ROBERT A JR.  
Address 3665 BEE RIDGE RD., #310  
City-State-Zip: SARASOTA FL 34233

Title DST  
Name THOMAS, DORA MARIA D  
Address 3665 BEE RIDGE RD., STE. 310  
City-State-Zip: SARASOTA FL 34233

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DORA MARIA C. THOMAS

**DIRECTOR**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date