

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025679

**Entity Name:** PLUM BRANCH, LLC

**Current Principal Place of Business:**

1548 THE GREENS WAY  
SUITE 6  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1548 THE GREENS WAY  
SUITE 6  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 72-1568542

**Certificate of Status Desired:** No

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

SLG MANAGEMENT SERVICES, LLC  
1548 THE GREENS WAY  
SUITE 6  
JACKSONVILLE BEACH, FL 32250 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            PRES  
Name            MAIER, DOUGLAS G  
Address        1548 THE GREENS WAY  
                 SUITE 6  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP, TREASURER  
Name            MOORE, JOHN P  
Address        1548 THE GREENS WAY  
                 SUITE 6  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP, SECRETARY  
Name            LANIUS, WILLIAM R  
Address        1548 THE GREENS WAY  
                 SUITE 6  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JOHN MOORE

VP/TREAS

03/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date