

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044552

Entity Name: PLAQUE BUSTER LLC**Current Principal Place of Business:**3204 HILLTOP LN
LARGO, FL 33770**Current Mailing Address:**PO BOX 1022
INDIAN ROCKS BEACH, FL 33785-1022 US**FEI Number:** 43-2077464**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHICLES, ARIANE
3204 HILLTOP LN
LARGO, FL 33770 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:** ARIANE CHICLES

01/18/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	CHICLES, ARIANE
Address	PO BOX 1022
City-State-Zip:	INDIAN ROCKS BEACH FL 33785-1022

Title	MANAGER
Name	NOWLING, PENELOPE
Address	PO BOX 1022
City-State-Zip:	INDIAN ROCKS BEACH FL 33785-1022

Title	AUTHORIZED MEMBER
Name	NOWLING, ANASTASIA
Address	3204 HILLTOP LN
City-State-Zip:	LARGO FL 33770

Title	AUTHORIZED MEMBER
Name	NOWLING, PHILLIP
Address	3204 HILLTOP LN
City-State-Zip:	LARGO FL 33770

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: PENELOPE NOWLING

MANAGER

01/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date