

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106400

**Entity Name:** P OF PB, L.L.C.**Current Principal Place of Business:**9394 WRANGLER DRIVE  
LAKE WORTH, FL 33467**Current Mailing Address:**9394 WRANGLER DRIVE  
LAKE WORTH, FL 33467 US**FEI Number:** 41-2218328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITTEN, MEGHAN E  
9394 WRANGLER DRIVE  
LAKE WORTH, FL 33467 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	MGRM
Name	RUSBRIDGE, JENNIFER L
Address	1881 CORSICA DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	MGRM
Name	RUSBRIDGE, HAROLD J
Address	1831 CORSICA DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	MGRM
Name	WHITTEN, MEGHAN E
Address	9394 WRANGLER DRIVE
City-State-Zip:	LAKE WORTH FL 33467

Title	MGRM
Name	RUSBRIDGE, PATRICK M
Address	9588 SE SHARON STREET
City-State-Zip:	HOBE SOUND FL 33455

*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:** MEGHAN E WHITTEN

MGRM

04/03/2019

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