# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES G INGERSOLL

Electronic Signature of Signing Authorized Person(s) Detail

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

### Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP
Name	INGERSOLL, JAMES G	Name	HILAIRE CONSULTING GROUP LLC
Address	12343 NW 19 STREET	Address	5500 PINE TERRACE
City-State-Zip:	PLANTATION FL 33323	City-State-Zip:	PLANTATION FL 33317

## 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

PRESIDENT

03/12/2021

#### FILED Mar 12, 2021 Secretary of State 3580370925CC

Certificate of Status Desired: No

# FEI Number: 27-3557857

**Current Mailing Address:** 12343 NW 19 STREET PLANTATION. FL 33323 US

DOCUMENT# L10000101817

12343 NW 19 STREET PLANTATION. FL 33323

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PLANTATION CONSTRUCTION & REALTY, L.L.C.

INGERSOLL, JAMES G 12343 NW 19 STREET PLANTATION, FL 33323 US

Date

Date