

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000043087

**Entity Name:** OFFICE PLUS, LLC

**Current Principal Place of Business:**

5866 SW 99TH LN  
COOPER CITY, FL 33328

**Current Mailing Address:**

5866 SW 99TH LN  
COOPER CITY, FL 33328 US

**FEI Number: 32-0488358**

**Certificate of Status Desired: No**

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

CHARLEMAGNE, CHRISTIAN  
5866 SW 99TH LN  
COOPER CITY, FL 33328 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: CHRISTIAN CHARLEMAGNE**

**04/01/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CHARLEMAGNE, CHRISTIAN	Name	CHARLEMAGNE, NATHALIE
Address	5866 SW 99TH LN	Address	5866 SW 99TH LN
City-State-Zip:	COOPER CITY FL 33328	City-State-Zip:	COOPER CITY FL 33328

*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: CHRISTIAN CHARLEMAGNE**

**04/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date