

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000078154

**Entity Name:** PLAZEX LLC

**Current Principal Place of Business:**

82801 OVERSEAS HWY  
SUITE 1404  
ISLAMORADA, FL 33036

**Current Mailing Address:**

PO BOX 1404  
ISLAMORADA, FL 33036 US

**FEI Number:** 81-2391229

**Certificate of Status Desired:** No

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

DULLY, GREGORY  
82801 OVERSEAS HWY  
SUITE 1404  
ISLAMORADA, FL 33036 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            AMBR  
Name            DULLY, GREGORY  
Address        82801 OVERSEAS HWY  
                  SUITE 1404  
City-State-Zip: ISLAMORADA FL 33036

Title            AMBR  
Name            DULLY, ROSANNE  
Address        82801 OVERSEAS HWY  
                  SUITE 1404  
City-State-Zip: ISLAMORADA FL 33036

*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:** GREGORY DULLY

**MANAGING MEMBER**

**04/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date