

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000118276

Entity Name: SJ PARK PLACE, LLC**Current Principal Place of Business:**130 RICHARD JACKSON BLVD
SUITE 200
PANAMA CITY BEACH, FL 32407**Current Mailing Address:**130 RICHARD JACKSON BLVD
SUITE 200
PANAMA CITY BEACH, FL 32407 US**FEI Number:** 38-4120631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALTERS, ELIZABETH J
130 RICHARD JACKSON BLVD
SUITE 200
PANAMA CITY BEACH, FL 32407 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 PRESIDENT
Name PRECISE, BRIDGET
Address 130 RICHARD JACKSON BLVD
 SUITE 200
City-State-Zip: PANAMA CITY BEACH FL 32407

Title VP
Name SMITH , JUSTIN
Address 130 RICHARD JACKSON BLVD
 SUITE 200
City-State-Zip: PANAMA CITY BEACH FL 32407

Title VP - TREASURER
Name BAKUN, MAREK
Address 130 RICHARD JACKSON BLVD
 SUITE 200
City-State-Zip: PANAMA CITY BEACH FL 32407

Title SECRETARY
Name WALTERS, ELIZABETH J
Address 130 RICHARD JACKSON BLVD
 SUITE 200
City-State-Zip: PANAMA CITY BEACH FL 32407

Title ASST. SECRETARY
Name MCCLURE, CHRISTINE
Address 130 RICHARD JACKSON BLVD
 SUITE 200
City-State-Zip: PANAMA CITY BEACH FL 32407

Title ASST. SECRETARY
Name LEWIS, LYNNE
Address 130 RICHARD JACKSON BLVD
 SUITE 200
City-State-Zip: PANAMA CITY BEACH FL 32407

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: MAREK BAKUN

VP-TREASURER

02/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date