

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000290999

**Entity Name:** MASTER PLAN INNOVATIONS LLC

**Current Principal Place of Business:**

1712 PIONEER AVE  
SUITE 7000  
CHEYENNE, WY 82001

**Current Mailing Address:**

1712 PIONEER AVE  
SUITE 7000  
CHEYENNE, WY 82001 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT, LLC  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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 MGR  
Name ABC CONSULTING, LLC  
Address 1712 PIONEER AVE, SUITE 7000  
City-State-Zip: CHEYENNE WY 82001

*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:** CHRISTINA HORTON

**AUTHORIZED AGENT**

**01/06/2021**

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

\_\_\_\_\_  
Date