

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000476019

**Entity Name:** PLUSD LLC

**Current Principal Place of Business:**

12659 NIGHT VIEW DR.  
SARASOTA, FL 34238

**Current Mailing Address:**

12659 NIGHT VIEW DR.  
SARASOTA, FL 34238

**FEI Number:** 33-1930046

**Certificate of Status Desired:** No

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

MEDINA, ALEXIS  
12659 NIGHT VIEW DR.  
SARASOTA, FL 34238 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 MEDINA, ALEXIS  
Address 12659 NIGHT VIEW DR.  
City-State-Zip: SARASOTA FL 34238

*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:** ALEXIS JOSE MEDINA CARRENO

02/10/2025

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

\_\_\_\_\_  
Date