

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000486574

Entity Name: COORDINATED PLAN FP FLORIDA, LLC

Current Principal Place of Business:

65 HIGH BRUSH COURT
ST. JOHNS, FL 32259

Current Mailing Address:

65 HIGH BRUSH COURT
ST. JOHNS, FL 32259 US

FEI Number: 33-3388768

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOODFELLOW, DAVID
65 HIGH BRUSH COURT
ST. JOHNS, FL 32259 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 SCHUSTER, RANDY
Address 65 HIGH BRUSH COURT
City-State-Zip: ST. JOHNS FL 32259

Title AMBR
Name GOODFELLOW, DAVID
Address 65 HIGH BRUSH COURT
City-State-Zip: ST. JOHNS FL 32259

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: RANDY SCHUSTER

MANAGING PARTNER

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date