

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090971

Entity Name: PP & T HOLDINGS, LLC

FILED  
Feb 17, 2009  
Secretary of State

**Current Principal Place of Business:**

6619 SOUTH DIXIE HIGHWAY  
#244  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6619 SOUTH DIXIE HIGHWAY  
#244  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 02-0773746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEVAK, MICHAEL  
3730 VALLEY OAKS COURT  
OVIEDO, FL 32766 US

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

LEVAK, MICHAEL  
3818 WHITEWOOD COURT  
OVIEDO, FL 32766 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

02/17/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVAK, MIKE E  
Address: 3730 VALLEY OAKS COURT  
City-St-Zip: OVIEDO, FL 32766

Title: MGRM ( ) Delete  
Name: EISENACHER, HAROLD L  
Address: 13120 S.W. 66 AVE.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVAK, MIKE E  
Address: 3818 WHITEWOOD COURT  
City-St-Zip: OVIEDO, FL 32766

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HAROLD EISENACHER

MGR

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date