

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000194569

Entity Name: FAMILY PPM LLC

Current Principal Place of Business:

135 SAN LORENZO AVE PH 840
CORAL GABLES, FL 33146

Current Mailing Address:

135 SAN LORENZO AVE PH 840
CORAL GABLES, FL 33146 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXCELSIOR CORPORATE SERVICES LLC
135 SAN LORENZO AVE PH 840
CORAL GABLES, FL 33146 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 FEJFAR, PAVEL
Address 135 SAN LORENZO AVE PH 840
City-State-Zip: CORAL GABLES FL 33146

Title P
Name FEJFAR, PAVEL
Address 135 SAN LORENZO AVE PH 840
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name FEJFAROVA, PETRA
Address 135 SAN LORENZO AVE PH 840
City-State-Zip: CORAL GABLES FL 33146

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: FEJFAR , PAVEL

AMBR

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date