**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000261083

**Entity Name:** PRODUCT DESIGN & DEVELOPMENT HOLDINGS, LLC

**FILED**
**Mar 02, 2019**
**Secretary of State**
**4776454183CC**

**Current Principal Place of Business:**

10229 S.E. ACORN WAY
TEQUESTA, FL 33469

**Current Mailing Address:**

10229 S.E. ACORN WAY
TEQUESTA, FL 33469

**FEI Number: 83-2502570**

**Certificate of Status Desired:** No

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

KNECHT, MICHAEL C
658 W. INDIANTOWN ROAD
SUITE 211
JUPITER, FL 33458 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 | Title | AMBR |
| Name | CZAPLICKI, ROBERT | Name | CZAPLICKI, SUSAN |
| Address | 10229 S.E. ACORN WAY | Address | 10229 S.E. ACORN WAY |
| City-State-Zip: | TEQUESTA FL 33469 | City-State-Zip: | TEQUESTA FL 33469 |

*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: SUSAN CZAPLICKI AMBR 03/02/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date