

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000393142

Entity Name: M L P P LLC**Current Principal Place of Business:**31730 BARREL WAVE WAY
WESLEY CHAPEL, FL 33545**Current Mailing Address:**401 S CLAIRBORNE RD
SUITE 100
OLATHE, KS 66062**FEI Number:** 86-1827288**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KENTON, GREGORY
31730 BARREL WAVE WAY
WESLEY CHAPEL, FL 33545 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	SHARMA, PRATEEK
Address	5395 SUMMIT OAK DR
City-State-Zip:	ALPHARETTA GA 30004

Title	AMBR
Name	BHATIA, LALIT
Address	5395 SUMMIT OAK DRIVE
City-State-Zip:	ALPHARETTA GA 30004

Title	AMBR
Name	SHARMA, PRIYANKA
Address	5395 SUMMIT OAK DRIVE
City-State-Zip:	ALPHARETTA GA 30004

Title	AMBR
Name	CHUGH, MANISHA
Address	5395 SUMMIT OAK DRIVE
City-State-Zip:	ALPHARETTA GA 30004

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: PRATEEK SHARMA

AMBR

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date