

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000447352

**Entity Name:** 4845PP LLC

**Current Principal Place of Business:**

4845 POST POINTE DR.  
SARASOTA, FL 34233

**Current Mailing Address:**

PO BOX 21182  
SARASOTA, FL 34276 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JOHNSON, JULIE  
4845 POST POINTE DR.  
SARASOTA, FL 34233 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:** JULIE S JOHNSON

04/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	JOHNSON, JULIE	Name	JOHNSON, MICHAEL
Address	4845 POST POINTE DR.	Address	4845 POST POINTE DR.
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

*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:** JULIE SHORT JOHNSON

MGR

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date