

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-22-2002 90256 044 ****50.00
07-11-2002 90252 020 ****50.00

DOCUMENT # 00000003893

1. Entity Name

PPI TECHNOLOGIES, L.L.C.

DO NOT WRITE IN THIS SPACE

970120

2. Principal Place of Business

1249 Tallevast Road

Suite, Apt. #, etc.

3. Mailing Address

1249 Tallevast Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-1082585

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MURRAY, YVONNE E.

Street Address (P.O. Box Number is Not Acceptable)

1249 Tallevast Road

City

Sarasota

FL

Zip Code

34243

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Secretary
Murray, Yvonne E.
1249 Tallevast Road
Sarasota, FL 34243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President
Murray, C. Stuart
1249 Tallevast Road
Sarasota, FL 34243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
Christensen, Sandra-Leigh
1249 Tallevast Road
Sarasota, FL 34243

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Yvonne E. Murray

YVONNE E. MURRAY

6/28/02 941-320-9576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #