

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90210 038 ****50.00

DOCUMENT # L00000003893

1. Entity Name

PPI TECHNOLOGIES, L.L.C.



Principal Place of Business

1249 TALLEYAST ROAD
SARASOTA FL 34243

Mailing Address

1249 TALLEYAST ROAD
SARASOTA FL 34243

2. Principal Place of Business

1610 NORTHGATE BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

SARASOTA FL

City & State

Zip

34234

Country

SARASOTA

Zip

Country

4. FEI Number

65-1082585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, YVONNE E
1249 TALLEYAST ROAD
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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

1610 NORTHGATE BOULEVARD

City

SARASOTA

FL

Zip Code

34234

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/30/2004

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE S ☐ Delete
NAME MURRAY, E. YVONNE
STREET ADDRESS 1249 TALLEYAST ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE V ☐ Delete
NAME MURRAY, C. STUART
STREET ADDRESS 1249 TALLEYAST ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE MGR ☐ Delete
NAME CHRISTENSEN, SANDRA-LEIGH
STREET ADDRESS 1249 TALLEYAST ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 1610 NORTHGATE BOULEVARD
STREET ADDRESS SARASOTA FL 34234
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1610 NORTHGATE BOULEVARD
STREET ADDRESS SARASOTA FL 34234
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

1/30/04

Date

9413596678

Daytime Phone #