

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003893**

1. Entity Name  
PPI TECHNOLOGIES, L.L.C.



Principal Place of Business

1610 NORTHGATE BOULEVARD  
SARASOTA, FL 34234

Mailing Address

1610 NORTHGATE BOULEVARD  
SARASOTA, FL 34234



04292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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  
1610 NORTHGATE BOULEVARD  
SARASOTA, FL 34234

**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, 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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE S  
NAME MURRAY, E. YVONNE  
STREET ADDRESS 1610 NORTHGATE BOULEVARD  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE V  
NAME MURRAY, C. STUART  
STREET ADDRESS 1610 NORTHGATE BOULEVARD  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE MGR  
NAME CHRISTENSEN, SANDRA-LEIGH  
STREET ADDRESS 1610 NORTHGATE BOULEVARD  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000943861  
05/29/08-80077-008 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

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

04-29-2008 (941) 359-6678

Date

Daytime Phone #