# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 001 ****55.00

DOCUMENT # L02000012769

1. Entity Name
PMP LLC

44003965

[redacted]

☒ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 3366 SPRINGMILL CIRCLE<br>SARASOTA FL 34239 | 3366 SPRINGMILL CIRCLE<br>SARASOTA FL 34239 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7458 Cabbage Palm Ct | 7458 Cabbage Palm Ct |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SARASOTA FLORIDA | City & State: SARASOTA, FLORIDA |
| Zip: 34241 Country: SARASOTA USA | Zip: 34241 Country: USA |

4. FEI Number: 81-055-4397 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PENNER, CONRAD<br>3366 SPRINGMILL CIRCLE<br>SARASOTA FL 34239 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City FL Zip Code |

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 $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>CONRAD Penner<br>7458 Cabbage Palm Court<br>SARASOTA, FLORIDA 34241<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary/treasurer<br>Danielle Patti<br>10811 Bulrush terrace Bradenton, FL. 34202<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 REQUIRED 1/16/03 941 922 4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)