

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000024921

1. Entity Name
P.P.C., L.C.



Principal Place of Business

1841 BRIGHTWATERS BLVD. N.E.
ST. PETERSBURG, FL 33704

Mailing Address

1841 BRIGHTWATERS BLVD. N.E.
ST. PETERSBURG, FL 33704



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2078533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764

**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

U000000943376
05/29/08-80055-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DESAI, AKSHAY M
STREET ADDRESS 1841 BRIGHTWATERS BLVD. NE
CITY- ST- ZIP SAINT PETERSBURG, FL 33704

TITLE MGR
NAME DESAI, SEAMA A
STREET ADDRESS 1841 BRIGHTWATERS BLVD. NE
CITY- ST- ZIP SAINT PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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:

Aurdesai

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

4-29-08

Date

727-456-6521

Daytime Phone #