

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90284 013 ****50.00

DOCUMENT # L03000021327

1. Entity Name
P2P ENGINEERING, LLC



Principal Place of Business
**5953 COMMERCE ROAD
MILTON, FL 32583**

Mailing Address
~~PO BOX 7039~~ **P.O. Box 12646**
~~DESTIN, FL 32540~~
PENSACOLA, FL 32591-2646



01272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0951753

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVIN, STANLEY B
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL 32502**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **HOGAN, TIM**
STREET ADDRESS **316 SOUTH BAYLEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE **VP**
NAME **LEVIN, SHERROD**
STREET ADDRESS **316 SOUTH BAYLEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE **S**
NAME **LEVIN, STANLEY**
STREET ADDRESS **316 SOUTH BAYLEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE **T**
NAME **MASSEY, JIM**
STREET ADDRESS **316 SOUTH BAYLEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Tim HOGAN
[Signature]

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

Date

Daytime Phone #