


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90043 028 ****50.00

DOCUMENT # L03000055170	
1. Entity Name PPM HOLDINGS, LLC	

Principal Place of Business 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759	Mailing Address 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759
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14002597



2. Principal Place of Business 630 Chestnut St.	3. Mailing Address 630 Chestnut St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232005 Chg-LLC CR2E083 (10/03)

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33756	Country USA
Zip 33756	Country USA

4. FEI Number 20-0468168	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HUBBART, KEVIN J ESQ 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759	
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7. Name and Address of New Registered Agent	
Name Sean Moyles	
Street Address (P.O. Box Number is Not Acceptable) 630 Chestnut St.	
City Clearwater	FL
Zip Code 33756	

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 SEAN MOYLES

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

(NOTE: Registered Agent signature required when reinstating)

4-23-05

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCOMAS, DAVID 420 PARK PLACE BLVD STE 100 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 Chestnut St. Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David McComas

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

4-25-05

Date

Daytime Phone #

727-723-3771