

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000062209**

1. Entity Name  
**PP&J PROPERITES L.L.C.**



Principal Place of Business  
**4110 BAHAMA AVE.  
MELBOURNE, FL 32901 US**

Mailing Address  
**4110 BAHAMA AVE.  
MELBOURNE, FL 32901 US**



03062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1606204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HAYES, PHILLIP J  
4110 BAHAMA AVE.  
MELBOURNE, FL 32901**

**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)

**3/06/08**

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HAYES, PHILLIP J
STREET ADDRESS	4110 BAHAMA AVE.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGRM
NAME	OLSEN, PAUL A
STREET ADDRESS	2555 NE MARIETTA ST.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	MGRM
NAME	FIJOL, JOSEPH M
STREET ADDRESS	911 SHAWNA SHORES
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000851575  
03/25/08-80043-023 138.75

**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:**

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

**3/06/08**

Date

**321-676-44**

Daytime Phone #