

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# L05000035531

Entity Name: PPD FAMILY TRUST LLC

Current Principal Place of Business:

121 BUENA VISTA COURT
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

121 BUENA VISTA COURT
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 16-1732387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PISARIS, DIANA J
121 BUENA VISTA COURT
ISLAMORADA, FL 33036 US

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.

SIGNATURE: DIANA J PISARIS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DAVIS, MATTHEW
Address: 15795 SAN ANTONIO COURT
City-St-Zip: FT. MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PISARIS, PETER
Address: 121 BUENA VISTA COURT
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PISARIS, NICHOLAS
Address: 4141 LA PLAYA BLVD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PISARIS, DIANA J
Address: 121 BUENA VISTA COURT
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANA J PISARIS

MRS

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date