

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000043295

1. Entity Name
PPIT GLOBAL SALES, LLC



Principal Place of Business
1610 NORTHGATE BLVD.
SARASOTA, FL 34234

Mailing Address
1610 NORTHGATE BLVD.
SARASOTA, FL 34234



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2787275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAJMY, JOSEPH L
6320 VENTURE DRIVE SUITE 104
SARASOTA, FL 34234

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE PRES
NAME MURRAY, RODERICK C
STREET ADDRESS 1610 NORTHGATE BLVD
CITY-ST-ZIP SARASOTA, FL 34234

TITLE S
NAME MURRAY, YVONNE E
STREET ADDRESS 1610 NORTHGATE BLVD
CITY-ST-ZIP SARASOTA, FL 34234

TITLE VP
NAME MURRAY, STUART C
STREET ADDRESS 1610 NORTHGATE BLVD
CITY-ST-ZIP SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000744313
05/15/07-80144-004 50.00

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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

Stuart C Murray 4/26/07 941-359-6678

Date

Daytime Phone #