

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000082400

Entity Name: P & P PROPERTIES ,LLC

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

643 MARINER WAY  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150366  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

PO BOX 150366  
ALTAMONTE SPRINGS, FL 32715

FEI Number: 20-3334402      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:**

PARCELL, ELLEN T  
643 MARINER WAY  
ALTAMONTE SPRINGS, FL 32715      US

**Name and Address of New Registered Agent:**

PARCELL, ELLEN T MGR  
643 MARINER WAY  
ALTAMONTE SPRINGS, FL 32701      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: ELLEN THOMSON PARCELL

10/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PARCELL, ELLEN T  
Address: 643 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PARCELL, ELLEN T MRS  
Address: 643 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: ELLEN THOMSON PARCELL

MGR

10/29/2008

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