

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000101205

**FILED**  
**Oct 03, 2006**  
**Secretary of State**

**Entity Name:** PPSP, LLC

**Current Principal Place of Business:**

1781 CLATTER BRIDGE ROAD  
OCALA, FL 34471 US

**New Principal Place of Business:**

29 NE 1ST AVE  
APT C  
OCALA, FL 34470 US

**Current Mailing Address:**

1781 CLATTER BRIDGE ROAD  
OCALA, FL 34471 US

**New Mailing Address:**

29 NE 1ST AVE  
APT C  
OCALA, FL 34470 US

**FEI Number:** 26-7392185 **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:**

WELLEN, MARSHALL  
1781 CLATTER BRIDGE ROAD  
OCALA, FL 34471 US

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

JAMISON MARK JESSUP SR., INC.  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 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:** DEVIN NEWMAN- ASSISTANT SECRETARY

10/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WELLEN, MARSHALL  
**Address:** 1781 CLATTER BRIDGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGRM ( ) Delete  
**Name:** ARNETT, SARA  
**Address:** 1781 CLATTER BRIDGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGRM (X) Delete  
**Name:** GASPAR, GEORGE  
**Address:** 1781 CLATTER BRIDGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGRM (X) Delete  
**Name:** WALLEN, LEWIS  
**Address:** 1781 CLATTER BRIDGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGRM (X) Delete  
**Name:** MACHAFFEY, KRIS  
**Address:** 1781 CLATTER BRIDGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WELLEN, MARSHALL  
**Address:** 29 NE 1ST AVE APT C  
**City-St-Zip:** Ocala, FL 34470 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** MARSHALL WELLEN

MGRM

10/03/2006

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